

L16000153125

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL

4/2/18

TO: Registration Section  
Division of Corporations

SUBJECT: Five Stars Learning Academy LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patti Ward  
Name of Person

Five Stars Learning Academy LLC  
Firm/Company

32319 Blue Star Highway  
Address

Kirkman, FL 32343  
City/State and Zip Code

pattiward@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Ward at (850) 322-3276  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 JAN 11 11:00 AM  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

TO  
ARTICLES OF ORGANIZATION  
OF

Five Stars Learning Academy LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/12/2017 at  
Florida document number L16000153125

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Five Stars Christian Academy LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

32319 Blue Star Hg  
Midway, FL 32343

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1759  
Quincy, FL 32351

**B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida Zip

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this filing is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person  
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
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STATE  
PL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JAN 11 PM 3:32  
SECRET  
OFFICE OF THE  
ATTORNEY GENERAL  
STATE, FL

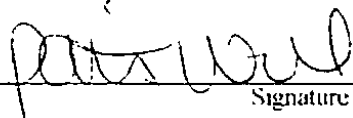
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day record is filed.

Dated November 30, 2020.



Signature of a member or authorized representative of a member

Path Ward

Typed or printed name of signee

Filing Fee: \$25.00