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S. PRATHEF

## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations				
GARDEN	OF TALENTS AFTER SCHO	OL, LLC			
SUBJECT:	OF TALENTS AFTER SCHO  Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CLARA I AGUDELO				
	Name of Person  GARDEN OF TALENTS AFTER SCHOOL, LLC				
	GARDEN OF TALENTS	AFTER SCHOOL, LLC			
		FirmCompany			
	4901 W LINEBAUGH AV	/E STE 2			
	Address				
	TAMPA FL 33624				
		City/State and Zip Code  NOFTALENTSFL.1@GMAIL.COM			
		**			
	E-mail address: (	to be used for future annual report noti	lication)		
For further information c	oncerning this matter, please c	all:			
CLARA AGUDELO		813 5061498 ar ()			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARDEN OF TALENTS AFTER SCHOOL, 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  $\frac{01/04/2017}{1}$ Florida document number L17000003389 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GARDEN OF TALENTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 comply with the 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 document 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.

City

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			= Change
	-		
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