L170000 54220

(Requ	estor's Name)	
(Addr	ess)	· · · · · · · · · · · · · · · · · · ·
(Addr	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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SUBJECT:		t Studios, LLC		
SOBJECT		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Lana Cahili		
_			Name of Person	
		Access Management Co., I	LC	
			Firm/Company	
		14690 Spring Hill Drive, S	uite 101	
			Address	
		Spring Hill, Florida 34609		
			City/State and Zip Code	
		leahill@ahepllc.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please ca	ill:	
Lana Cahill			352 799-0046	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code
	Spring Hill		da <u>34609</u>
New Registered Office Address:	14690 Spring Hill Dr	rive, Suite 101 Enter Florida street address	
Name of New Registered Agent:	Access Management	Co., LLC	
B. If amending the registered agent an registered agent and/or the new registered		address on our records, s	enter the name of the new

<u>(Mailing address MAY BE A POST OFFICI</u>	<u> BOX)</u>	·	<u> </u>
Enter new mailing address, if applicable:			<u> </u>
			\$
		•	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		20 · · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if appli			
The new name must be distinguishable and contain the		empany," the designation "LLC" or	the abbreviation "L.b.C."
A. If amending name, enter the new name	of the limited liability (company here;	
This amendment is submitted to amend the for	llowing:		
Florida document number L17000054220	•		
The Articles of Organization for this Limited	Liability Company were	filed on March 8, 2017	and assigned
((A Florida Limited Liabili	it now appears on our records.) sy Company)	
Edutainment Studios, LLC	ited Liability Company as	it now annears on our records.)	

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.

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Access Health Care Physicians, LL	14690 Spring Hill Drive, Suite 101	
		Spring Hill, Florida 34609	■ Remove
			□ Change
MGR	Access Management Co., LLC	14690 Spring Hill Drive, Suite 101	■ Add
		Spring Hill, Florida 34609	Remove
			Change
			Add
			□ Remove
			Change
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	iis block does not m	eet the applicable	statutory filing req	uirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
	ayed effective d record is filed.	ate, but not ar	effective time	e, at 12:01 a.i	m. on the earlier o
record specifies a dela The 90th day after the					
The 90th day after the		2017			
The 90th day after the	,	2017			=======================================
The 90th day after the		2017			17 HJ
The 90th day after the		2017	l representative of a	member	17 HAP 2
record specifies a delative poth day after the march 16 Lana Cahill, Autho	Signature of a r	nember or authorized	l representative of a	member	17 HAR 20

Page 3 of 3

Filing Fee: \$25.00