## 117000067853

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## **COVER LETTER**

Divi	ision of Cor	porations		
SUBJECT:		ONAL TUTORS ACADEMY	LLC	
SODGECT.			iited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JAVIER CUENCA		
			Name of Person	
		PROFESSIONAL TUTOR	RS ACADEMY LLC	
Firm/Company				
•		12800 NW 7TH STREET		
,			Address	<del></del>
		MIAMI, FL 33182		
		•	City/State and Zip Code	
		JCUENC31@GMAIL.CON		<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please c	all:	
JAVIER CUI			786 255-8699 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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)

Registration Section

TO:

MAILING ADDRESS: Registration Section 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

PROFESSIONAL TUTORS ACAI			
(Name of the Limit	ted Liability Cor (A Florida Limit	npany as it now appears on ou ed Liability Company)	ur records.)
The Articles of Organization for this Limited L Florida document number L17000067853		any were filed on $\frac{03/24/20}{}$	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Li	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/ registered agent and/or the new registered of  Name of New Registered Agent:			records, enter the name of the no
New Registered Office Address:		Enter Florida stre	et address
			The state
		City	Florida

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>	<u>Address</u>	Type of Action
MGR	ESTHER CUENCA	12800 NW 7TH ST	□ Add
		MIAMI, FL 33182	■ Remove
		<del></del>	Change
MGR	FIDEL CUENCA	12800 NW 7TH ST	Add
		MIAMI, FL 33182	■ Remove
			Change
			D Add
		<del></del>	Remove
			Change
•			Remove
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			Add  Fremove  Remove  April 200  April 200  Add  CROWN  April 200  Add  CROWN  Add  Add  Add  Add  Add  Add  Add  A
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ctive date, if other than the effective date is listed, the date must	est be specific and cannot be prior	to date of filing or more	than 90 days after filir	1) 1g.) Pursuant to 605.02
If the date inserted in this bl	lock does not meet the applic	able statutory filing r	equirements, this da	te will not be listed
ment's effective date on the D	Department of State's records			
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