1700089500

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



600391298736

07/28/22--01004--006 **75.60

022 JUL 20 AMII: 4

RECEIVED

2022 JUL 20 FH I2: 01

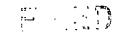
of 7/20/2022

COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: <u>Lrea</u>	Kve <u>Learne</u>	rs Academy ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	<u>Cheryl</u>	Brown Name of Person	
		Firm/Company	.=
	16623 K	Loyal Palm D	DR
	Grovelan	A FI 34736 City/State and Zip Code	·
	aricher 5 ?	City/State and Zip Code City/State and Zip Code Code tised for future annual report notitions.	ication)
For further information co	ncerning this matter, please ca	all:	
Cheryl	Brown Person	at (<u>467)</u> <u>288 4</u> Area Code Daytimo	Cartelephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUL 20 PM 12: 07 The Articles of Organization for this Limited Liability Company were filed on 4/21/20/1Florida document number L170000 89500 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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.

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	Cheryl Brown		🗀 Add
	V		□Remove
			□Add
			□Remove
			□Change
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
		·	☐ Change
			🗆 Add
			□Remove
			□Change

	-									
						·				
										
-				-						
										
			<u> </u>							
					-					
	·····					<u> </u>				
				-						
n effective <u>ite:</u> If the	date is listed, the date inserted	than the date of edate must be spe in this block doe on the Departm	eific and ca	annot be prior et the applic	cable statut	iling or more to	han 90 days a	otional) fter filing.} Pi this date wi	arsuant to 605. If not be liste	.0207 ed as
is filed.		d effective date.								the
ted	7/20	Chey heryl B	,	<u>202</u>	<u>a</u> .					
		Phone	1 1	3000	D_{1}					
		//// / / / / / / / / / / / / / / /	~ <i>, ,</i> ,		<u> </u>					

Filing Fee: \$25.00