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SECRETARY OF STATE TALLAHASSEE, FLORIUA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Learning Strict	100110	
Name of Lim	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Crist	ina King Name of Person	
Learnin	9 Sitride	S, LLC
239 Bun	Address	ch Rd
West Palm	Beach Fl City/State and Zip Code	33405
Learnings E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please co	all:	
C. C. Stina King Name of Person	at (561)	876-2119 Daytime Telephone Number
Enclosed is a check for the following amount:	•	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	\$60.00 Filing Fec,
Certificate of Status	Certified Copy (additional copy is enclo	Certificate of Status &
	!	(auditolial copy is electrical)
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MAILING ADDRESS:	STREET	\ COURIER ADDRESS:
Registration Section	Registratio	on Section
Division of Corporations P.O. Box 6327	Division o Clifton Bu	f Corporations ilding
Tallahassee, FL 32314	2661 Exec	utive Center Circle e, FL 3 2 301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF lability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number <u>L1700095515</u> 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 "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 an 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: 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.

inging Registered Agent, Signature of New Registered Agent

Page 1 of 3

r remov	ing Authorized Person(s) authorized ed from our records: Manager	t to manage, <u>enter the t</u>	itle, name, and address of	f each person being added
AMBR = <u>Fitle</u>	Authorized Member <u>Name</u>	<u>Address</u>		Type of Action
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				Remove
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cord specifies a delayed effect	tive date, but not an eff	fective time, at 12:0	01 a.m. on the earlier
90th day after the record is f	nied.	1	
January 4	2018	1	
(Aliana)	1/11		
Signature	e of a member or authorized repr	resentative of a member	
Coist.	on Vina	1	
	Typed or printed name of	Calanaa	

Filing Fee: \$25.00

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CC	OVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Learning Stride:	S L L C Liability Company
The enclosed Articles of Amendment and fee(s) are submitt	ted for filing
Please return all correspondence concerning this matter to the	1
Transfer and the state of the s	
Cristin	ng King
	Name of Person
<u>Learning</u>	Strictes, LLC Firm/Company
239 Bunk	ser Ranch Rd
West Palm E	Beach FL 33405 City/State and Zip Code
E-mail address: (to b	c used for future annual report notification)
For further information concerning this matter, please call:	
C.C.Stina King Name of Person	at (561) 876-2119 Area Code Daytime Telephone Number
	1
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)
MAH.ING 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

SECRETARY OF STALLAHASSEE. FL

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

(A Florida Limited Liability Company)

and assigned

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)

Vest Palm Beach, FL 33405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

239 Bunker Banch Rd West Palm Beach, FL 33405

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:

Cristina K

New Registered Office Address:

239 Bunker Ranch Rd

i:nieri riorida street adares

Halm Beach

, Fiorida

Zip Code

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 □ Add _□ Remove □ Change _□ Add _□ Remove ☐ Change _□ Add □ Remove ☐ Change DbA □ _□ Remove _□ Change _□ ∧dd □ Remove □ Change _□ Add □ Remove □ Change

). If ame	nending any other information, enter change(s) here: (Attuch additional	sheets, if necessary.)	
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Note: docum	If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	quirements, this date will not be listed	as the
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	ecord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier	of:
) The	e 90th day after the record is filed.		
	10-11-11	•	
Dated	January 4. 2018:		
	(ustina / lu)		
	Signature of a member or authorized representative of a	næmber	
•	Cristing Vina		
	Typed or printed name of signee		
	Page 3 of 3		

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