L17000112447

(Requestor's Name)
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COVER LETTER

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	India Bass		
		Name of Person	
	10000 NE Minut O	Firm/Company	
	12635 NE Miami Ct		
	Miami, Fl 33161	Address	11
	Milaria, Fl 33101		
	diabass09@yahoo.com	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
India Bass		305 527-3567 at ()	
Name of	Person	Area Code Daytime	l'elephone 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:

TO:

Registration Section Division of Corporations

> 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

BlueLime Kids, LLC.		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 05/22/2017	and assigned
lorida document number L17000112447		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
(ids In Session, LLC.		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		دع
Principal office address MUST BE A STREET ADDRE		<u></u>
The party pre- unit as proof to 2 /10/18 ELF /11/DRL		20
		<u>.</u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		02
		-
. If amending the registered agent and/or register gistered agent and/or the new registered office address	red office address on our records, ento	er the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BlueLime Kids, LLC.		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 05/22/2017	and assigned
Florida document number L17000112447		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	5
In-Session Therapy and Tutoring Services, LLC.		žo
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		(C
Principal office address MUST BE A STREET ADDRESS)		==
	-	<u> </u>
		÷,, , , , , ,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register egistered agent and/or the new registered office address	ed office address on our records, s here:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	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.

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** _D Add _□ Remove __ Add □ Remove _□ Change □ Add _□ Remove _____ ☐ Change _____ 🗖 Add _____ Remove _____

Change _□ Remove

_□ Remove

_____ Change

D. If amending any other information, enter change(s) here	y necessary.)
	
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No	
fective date, if other than the date of filing:	
in effective date is listed, the date must be specific and cannot be prior to date of if the date inserted in this block does not meet the applicable st cument's effective date on the Department of State's records.	of film (optional)
cument's effective date on the Department of	latutory filing requirements of Pursuant to 605.0207
bepartment of State's records.	s requirements, this date will not be listed as
record specifies a delayed effective date, but not an e he 90th day after the record is filed.	Affactive to
after the record is filed.	enective time, at 12:01 a.m. on the earlier of:
November 4 cu	
November 11th 2018	
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- Maice Pr.	,)
Signature of a member or authorized rep	presentative of a member
······································	
India Bass	· · ·

Page 3 of 3

Filing Fee: \$25.00