

L17000152215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

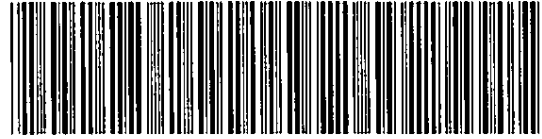
(Document Number)

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17 NOV -2 PM 4: 18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

NOV 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

TT'S LEARNING ACADEMY & OUTREACH CENTER LLC
5707 LEJEUNE DR
ORLANDO, FL 32808

SUBJECT: TT'S LEARNING ACADEMY & OUTREACH CENTER LLC
Ref. Number: L17000152215

We have received your document for TT'S LEARNING ACADEMY & OUTREACH CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00020070

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TT'S Learning Academy & Outreach Center LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRINA LENNEAR
Name of Person

TT'S Learning Academy & Outreach Center LLC.
Firm/Company

5707 Lejeune Dr
Address

Orlando, FL 32808
City/State and Zip Code

Trina_Lennear@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trina Lennear at (407) 844-5609
Name of Person Area Code Daytime Telephone Number

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)

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

TT'S Learning Academy & Outreach Center LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/17/17 and assigned Florida document number L17000152215

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TT'S Mentoring & Development Services LLC
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: N/A
(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: N/A

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

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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
<u>AP</u>	<u>Afernee McDorab</u>	<u>5707 Lejeune Dr</u>	<input type="checkbox"/> Add
		<u>Orlando, FL 32808</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>S</u>	<u>Afernee McDaniel</u>	<u>5707 Lejeune Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32808</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>P</u>	<u>Trina Lennear</u>	<u>5707 Lejeune Dr</u>	<input type="checkbox"/> Add
		<u>Orlando, FL 32808</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11/3/2017 . 2017 .

Trina Lennear
Signature of a member or authorized representative of a member

Trina Lennear
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA