

L17000247891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

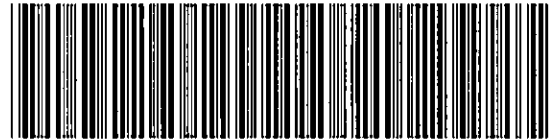
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DIVISION OF CORPORATIONS
19 OCT -4 PM 12:08

Name Change 27 2019

D CUSHING

L17-247891

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Real School 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:

Patrick Lynch

Name of Person

Firm/Company

410 S. Ware Blvd

Address

Tampa, FL 33619

City/State and Zip Code

pat@homemomentum.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Lynch

Name of Person

813 629-1061
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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DIVISION OF CORPORATIONS
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MOMENTUM REAL ESTATE, LLC

410 S WARE BLVD STE 710
TAMPA, FL 33619-4456
(888) 407-0887

1318

63-82812631

10-1 20 19

Florida Department of State

PAY
TO THE
ORDER OF

\$ 30.00

Thirty and no/100

DOLLARS

SUNCOAST CREDIT UNION

www.SuncoastCreditUnion.com
(800) 998-5887

Name change

www.HomeMomentum.com

[Signature]

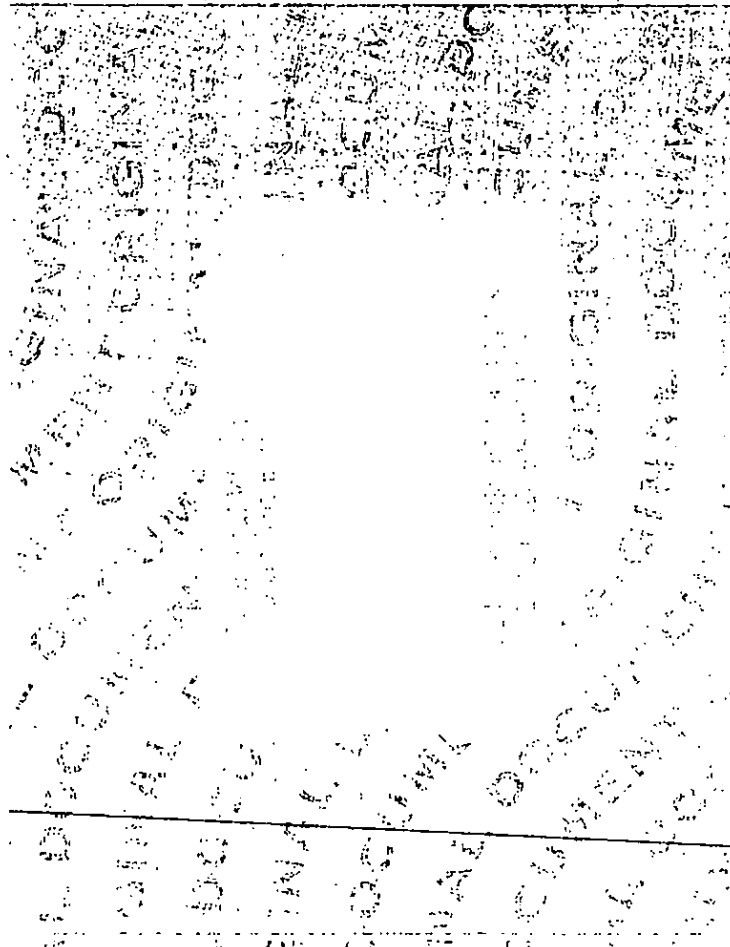
1100131811

FOR DEPOSIT ONLY
WELLS FARGO BANK, N.A.
STATE OF FLORIDA DEPARTMENT OF
FINANCIAL SERVICES
LOT [REDACTED]
BPR BUREAU OF REVENUE

ENDORSE HERE

☐ CHECK HERE IF MOBILE OR REMOTE DEPOSIT

AT _____
(FINANCIAL INSTITUTION NAME)



Security Features exceed industry standards and include:

- Embossed Mobile Deposit check mark to indicate check has been deposited via mobile device
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- Brown stains and colored spots appear on both front and back and in Chemical Wash Detection box



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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED STATE
SECRETARY OF CORPORATIONS
19 OCT -4 PM 12:08

Florida Real School, 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 12/04/2017 and assigned
Florida document number L17000247891.

This amendment is submitted to amend the following:

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

Total Career Education, 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:

(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

_____, 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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

Dated September 11,

2019

~~Signature of a member or authorized representative of a member~~

Patrick Lynch

Typed or printed name of signee