

# L18000 045 990

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

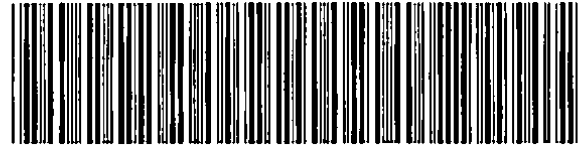
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 AUG 12 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 15 2019

T. LEMIEUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SCHOOL HOUSE OF AMERICA 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:

LEONARDO FIGUEIREDO

\_\_\_\_\_  
Name of Person

SOLUTION ADVISING LLC

\_\_\_\_\_  
Firm/Company

5728 MAJOR BLVD SUITE 609

\_\_\_\_\_  
Address

ORLANDO - FL - 32819

\_\_\_\_\_  
City/State and Zip Code

INFO@SOLUTIONADVISING.COM

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

For further information concerning this matter, please call:

LEONARDO FIGUEIREDO

407

318-0058

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

**FILED**

SCHOOL HOUSE OF AMERICA LLC

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

2019 AUG 12 P 2:46

The Articles of Organization for this Limited Liability Company were filed on 02/20/2018 and assigned  
Florida document number L18000045990

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

2295 S HIAWASSEE RD - SUITE 104

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32835

**Enter new mailing address, if applicable:**

2295 S HIAWASSEE RD - SUITE 104

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO, FL 32835

**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:

SOLUTION ADVISING LLC

New Registered Office Address:

5728 MAJOR BLVD SUITE 609

*Enter Florida street address*

ORLANDO

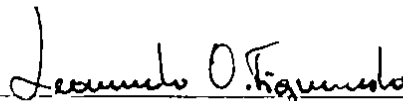
*City*

Florida 32819

*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>
AMBR	SARA CRISTINA CASTRO GUIMARAES	3306 MAGGIE BLVD ORLANDO, FL 32811	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

I WOULD LIKE TO REMOVE SARA CRISTINA CASTRO GUIMARAES (AMBR)

OF THE COMPANY. I ALSO WOULD LIKE TO CHANGE THE REGISTERED AGENT

OF THE COMPANY TO SOLUTION ADVISING LLC AND THE ADDRESS OF

SCHOOL HOUSE OF AMERICA LLC. THE NEW ADDRESS IS 2295 S HIAWASSEE RD SUITE 104

ORLANDO, FL 32835

**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.

AUGUST, 5TH

2019

Dated \_\_\_\_\_

DocuSigned by:

MAURICIO PRADO

E0E4000D988847C

Signature of a member or authorized representative of a member

MAURICIO PRADO

Typed or printed name of signee