4800061396

(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700319202457

10/15/18--01013--013 **25.00

11/5/1805



October 24, 2018

AKEEMA BANCH 12641 DOUGLAS FIR CT CLERMONT, FL 34711

SUBJECT: JUDAH ARTS EXPERIENCE ACADEMY LLC

Ref. Number: L18000061396

We have received your document for JUDAH ARTS EXPERIENCE ACADEMY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00021915

COVER LETTER

SUBJECT: Name of Limited Liability Company	
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: Akeema Branch Name of Person Firm/Company Address 12641 Douglas Fir et. Clermont FL 34711 City/State and Zip Code	
Please return all correspondence concerning this matter to the following: Akeema Branch Name of Person Firm/Company Address 12641 Douglas Fir ct. Clermont FL 34711 City/State and Zip Code	
Akeema Branch Name of Person Firm/Company Address 12641 Douglas Fir ct. Clermont FL 34711 City/State and Zip Code	
Firm/Company Address 12641 Douglas Fir ct. Clermont FL 34711 City/State and Zip Code	
Firm/Company Address 12641 Douglas Fir ct. Clermont FL 34711 City/State and Zip Code	
رب City/State and Zip Code	
ري City/State and Zip Code	[
ري City/State and Zip Code	
City/State and Zip Code	``.
JudahAE@JudahArtsExperience.com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Akeema Branch 321 460-6048 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 & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee.	

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

Judah Arts experience Academy LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Companies of Organization for the Organization for	y were filed on March 8,2018	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
udah Arts Experience LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		503
		5 1
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Huning uddress MAT BE A FOST OFFICE BOAT		••
		<u> </u>
. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Floric	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

Title	<u>Name</u>	Address	Type of Action
MGR	Wilson Joel	12641 Douglas Fir ct.Clermont, FL 34711	■ Add
			Remove
			Change
			Remove
			☐ Change
		7~	Remove
			Add
			Remove
			🗖 Add
			Remove
			Change
	 		□ Add
			Remove
			🗆 Change

						_
						
			-			
						
						
			 .			
					~ 3	
					- 13	
						
					1	i i
						
				حد	.1	
					<u>-</u>	
ective date, if other than the date of fi	ling:			(optional)		
reflective date is listed, the date must be specific	and cannot be prior to	o date of filing or	more than 90 day	s after filing	.) Pursuant	to 605.0
te: If the date inserted in this block does no cument's effective date on the Department of		ble statutory fil	ing requiremen	is, this date	will not t	oe listed
•						
record specifies a delayed effectiv	e date hut not	an effective	time at 12	.01 a m	on the	earlier
The 90th day after the record is file		dir circcive		.01 (1.111.	OII CIIC	carner
October 30	2018					
		- '				
~	. D	1 -				
11 1 1 1 1 m	10 m	ne //				
Akeem Signature o	f a member or author	rized representati	ve of a member	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00