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COVER LETTER

Division of Co			
SUBJECT:	olars Academy LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rodolfo Diaz		
		Name of Person	
	Little Scholars Academy L	LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1310 SE Concha Street		
		Address	
	Port Saint Lucie Florida 34	4983	
	·	City/State and Zip Code	
	rdinvestment@yahoo.com	·	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Rodolfo Diaz		772 240-1929 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION (7) OF

Little Scholars Academy LLC

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(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 $\frac{05/21/2018}{1}$ _____ and assigned Florida document number ___L18000126587 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 "LLC" 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 ___ Cin

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>	Name	<u>Address</u>	Type of Action
MGR	Jessica Diaz	1310 SE Concha Street Port Saint Lucie, Florida 34983	
			☐ Remove
			☐ Change
			☐ Remove
			□ Change
	<u> </u>		Add
		☐ Remove	
			Change
		□ Add	
		Remove	
			☐ Change
			□ Remove
		Change	
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			☐ Change

Cha	e of Zip Code on Principal Address:	
810	6 Street	
Fort	ierce. FL 34950	
-		
	· · · · · · · · · · · · · · · · · · ·	
n effectiv te: If th	te, if other than the date of filing:	
record The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied day after the record is filed.	r of
ted	per 15 2019	
	Signature of a member or authorized representative of a member	
	and the state of a member of a member	

Page 3 of 3

Filing Fee: \$25.00