

L18000145403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

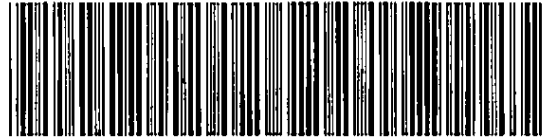
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

11/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gateway to Tutoring, 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:

Charlene Geletka
Name of Person

Gateway to Tutoring, LLC
Firm/Company

136 Lucina Dr
Address

Hypoluxo, FL 33462
City/State and Zip Code

hello@gatewaytotutoring.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlene Geletka at (561) 716-5624
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Gateway to Tutoring LLC

2. The Florida document/registration number assigned to this limited liability company is:

L1800014540.3

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/15/20

4. I, Karen Hunter, hereby withdraw/resign as a
(Print Name of Person Resigning)

partner, AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Karen Hunter

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2020 OCT 19 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL