(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·





500318023795

09/10/18--01039--017 \*\*30.00

N COOPER SEP 13 2018

## **COVER LETTER**

TO:	Registration S- Division of Co			
SUBJE		ATION ENGLISH SCHOOL	LLC	
30000	C1.	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Daniel de Castro		
		Life USA America LLC	Name of Person	
		1507 Park Center Dr. Se	Firm/Company uite 1H	<del></del>
		Orlando, Florida - 32835	Address	
		daniel@lifeusaorlando.co	City/State and Zip Code	<u> </u>
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please co	all:	
Daniel d	de Castro		at () 624-6245 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ <b>\$</b> 25.0	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:

TO:

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

CELEBRATION ENGLISH SCHOOL LL	С	
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (	Company were filed on 06/20/201	8 and assigned
lorida document number L18000151989	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		8 S
	_ <del></del>	- TO 200
nter new mailing address, if applicable:		10 SAF
Sailing address MAY BE A POST OFFICE BOX)	<del></del>	
Taning undress MAT BE AT UST OFFICE BUA)		<u> </u>
. If amending the registered agent and/or regisegistered agent and/or the new registered office add	stered office address on our re ress here:	73
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street e	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>	Address	Type of Action
AMBR	V&T BUSINESS INVESTMENT LLC	6499 POWERLINE RD STE101 FORT LAUDERDALE, FL33309	_ Add
			<del></del>
		-	E Remove
			Change
AMBR	AROCA & BUENO LLC	11217 GRANDER DR WINDERMERE, FL 34786	<b>=</b> Add
			Change
			☐ Remove
			Change
			Remove
			Change
			Remove
			Change
<u> </u>		<del></del>	
			Remove
			□ Change

-					<del></del> _
-			<del></del>		
_					
	-				
-					
-				<u> </u>	
_			-	<del></del>	
_	<u> </u>				
-				<del></del>	
-		<del>-</del>			
-					<b>6</b>
_		<u>_</u>			SE SE
					P H
_					
_			. <u>-</u>		
-				<del></del>	- 26 St.
_					<del></del>
_					
			-		
E. Effecti	ve date, if other than the da	ate of filing:		(optional)	
Note:	ective date is listed, the date must b If the date inserted in this block	c does not meet the applic	able statutory filing requ	an 90 days after filing.) Purs airements, this date will :	uant to 605.020 not be listed a
docum	ent's effective date on the Depa	artment of State's records			
If the rec	ord specifies a delayed e	ffective date, but no	ot an effective time,	at 12:01 a.m. on t	he earlier
(b) The	90th day after the record	a is filed.			
Dated	September, 05	2018			
		·			
	Sig	mature of a member or auth	orized representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00