L180001575979

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHELAR:	FINTERD	RIST LLC.		250E	- ED
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				5 <u>7</u> 69	
The Articles of Organization for this Limited Liab Florida document number <u>Li&COC 15757</u>	ility Company v	were filed on <u>('M; </u>	27/2018	— am essi	 .श ्रास् टि
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ie limited liabil	lity company here:			
The new name must be distinguishable and contain the word	OCHTY L	ic			
The new name must be distinguishable and contain the word	ls "Limited Eiabili	ty Company," the designati	ion "LLC" or the abb	reviation "L.I	C.''
Enter new principal offices address, if applicab	le:	<u> </u>	Arriver S	Hver .	
(Principal office address MUST BE A STREET.	(DDRESS)	Ft. Louds	Wale Fl	<u>33309 </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		Ft. Leque	l Andreas Isrdale Fi	<u>33309</u>	
B. If amending the registered agent and/or registered office address in		ddress on our records	s, enter the name	of the new	registered
Name of New Registered Agent:		andra. Da		<u> </u>	
New Registered Office Address:	10.75	Enter Florida stre	可以ら上いモ et address		
	Ft. Lau	derdale FL	, Florida	33300 Zip Code	<u>1</u>

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
MGR	Cossarra. Davis	16330 N Andrews Ave	@Add
		Ft. Landerdate I.C. 3330	Remove
			□Change
			□Add
			□Remove
			Change
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an eife lote: I	The date, if other than the date of filing: VIOUGEA 27th 2C25 (optional) crive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record I is file	
	100 000
	10/10arg 2711 , 2005.
	January 27th . 2025
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00



March 19, 2025

CASSANDRA DAVIS 319 NW 29TH TER FORT LAUDERDALE, FL 33311

SUBJECT: SCHOLAR ENTERPRISE LLC

Ref. Number: L18000157579

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit the complete application. Complete and return the enclosed blank form(s).

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) 245-6053.

Letter Number: 925A00005842

Frederica S McCloud Document Specialist

www.sunbiz.org

COVER LETTER

Division of Corpor	rations		
subject: <u>Sc HGL</u>	AR ENTERPR	ISE LLO * * :	
3000 <u>- 3000</u>	Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		iassandra. Davis	
		Name of Person	
	Schola	OF ENTERPRISE LL	<u>C</u>
	319 NW	29th TEP2 Address	
			2001
	Fort.	LAUDERDALE FL 3 City/State and Zip Code	<u> </u>
	acie (t):	a constitute and zip Code	dimu com
-	E-mail address: (nercityambiticnacox	otification)
For further information conc	erning this matter, please ca	all:	
Cassandra	Davis	at (<u>561</u>) <u>639 - 3</u> Area Code Dayt	3573
Name of Pe	rson	Area Code Dayt	ime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
V	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
A 22	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

· TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHOLAR ENTERDR	ISE LLC
Name of the Limited Liability Compan (A Florida Limited L.	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L18000157579</u> .	were filed on $627/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
INNER CITY AMBITION ACADEMY LLC The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6330 N Andrew's Aut unt 115 Fort. LauderDALE FL 33309
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	319 N.W 29th TER FORT. LAUDERDALE FZ 33311
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u></u>
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Non-Decisioned Asset's Cignotum (Cabanaina Decisional Asset)	

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