L18000161310

Office Use Only



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COVER LETTER

TO:

| ction porations | | | |
|---|--|---|--|
| ns Tutoring, LLC | | | |
| Name of Limi | Name of Limited Liability Company | | |
| Amendment and fee(s) are sub | mitted for filing. | | |
| ndence concerning this matter | to the following: | | |
| Apryl Brown | | | |
| | Name of Person | <u> </u> | |
| Lady Browns Tutoring. LL | .c | | |
| | Firm/Company | | |
| 11553 Kings Ridge Court | S | · | |
| | Address | | |
| Jacksonville, Florida 3221 | 8 | | |
| | City/State and Zip Code | - | |
| • - | | | |
| | | otification) | |
| | 904 254-5568 | | |
| f Person | Area Code Dayti | me Telephone Number | |
| he following amount: | | | |
| S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| ss: Section | Street Address: Registration S | | |
| Division of Corporations P.O. Box 6327 | | | |
| 27 FL 32314 | | roe Street, Suite 810 | |
| | Amendment and fee(s) are submodence concerning this matter: Apryl Brown Lady Browns Tutoring. LL 11553 Kings Ridge Court: Jacksonville, Florida 3221 aprylbrowntutoring@gmail E-mail address: (oncerning this matter, please conference of Status) ss: Section Corporations 27 | Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Apryl Brown Name of Person Lady Browns Tutoring. LLC Firm/Company 11553 Kings Ridge Court S Address Jacksonville, Florida 32218 City/State and Zip Code aprylbrowntutoring@gmail.com E-mail address: (to be used for future annual report not oncerning this matter, please call: 904 at (| |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lady Browns Tutoring, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our record ted Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Compa | any were filed on 07/2/2018 | and assigned |
| lorida document number L18000161310 | , | |
| | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| All Purpose Educational Services, LLC | | |
| The new name must be distinguishable and contain the words "Limited L | Liability 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 | | : 2) |
| remeiput office undress most be A Street Aboutes | <u></u> | |
| | | - 1 |
| | | . , , ,) |
| Enter new mailing address, if applicable: | | 25 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our records, <u>enter</u> | the name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | FI | lorida |
| | 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 |
|--------------|-------------|----------|----------------|
| | | | □Add |
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| | | □ Change | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 04/14/2021 (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

document's effective date on the Department of State's records.

The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after distribution of the earlier of: (b) The 90th day after distribution of the earlier of: (c) The 90th day after distribution of the earlier of: (d) The 90th day after distribution of the earlier of: (e) The 90th day after distribution of the