

L18000 166718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

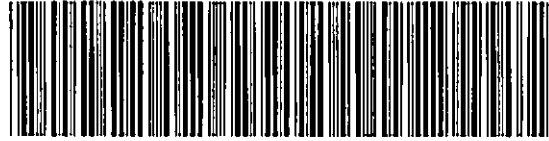
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400323779354

01/28/19--01009--027 **25.00

FILED
2019 JAN 28 PM 1:43
SLOAN COUNTY CLERK
SLOAN COUNTY, CALIF.

Amund

FEB 06 2019

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BETTER LEARNING CHRISTIAN ACADEMY 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:

INISKIA WILLIAMS

Name of Person

BETTER LEARNING CHRISTIAN ACADEMY LLC

Firm/Company

3690 AVE O NW

Address

WINTER HAVEN FL, 33881

City/State and Zip Code

betterlearningacademy1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INISKIA WILLIAMS

678 485-3460
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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**

BETTER LEARNING CHRISTIAN ACADEMY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 JAN 28 PM 1:43
S.E.C.
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/11/2018 and as to
Florida document number L18000166718.

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 "L.L.C."

Enter new principal offices address, if applicable:

1920 40TH ST NW

(Principal office address MUST BE A STREET ADDRESS)

WINTER HAVEN FL, 33881

Enter new mailing address, if applicable:

3690 AVE O NW

(Mailing address MAY BE A POST OFFICE BOX)

WINTER HAVEN FL, 33881

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:

INISKIA WILLIAMS

New Registered Office Address:

1920 40TH ST NW

Enter Florida street address

WINTER HAVEN

Florida 33881

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>	<u>Address</u>	<u>Type of Action</u>
DIR	LUCAS, PATRICK	304 W BRIDGERS ST AUBURNDALE FL,33823	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	INISKIA WILLIAMS	1920 40TH ST NW WINTER HAVEN FL,33881	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NA

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.

Dated 01/24, 2019

Signature of a member or authorized representative of a member

INISKIA WILLIAMS

Typed or printed name of signee