## L18000167988

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## **COVER LETTER**

TO: Registration 9 Division of Co			
OPEN M SUBJECT:	IND WORLDWIDE SCHOOL.	LLC	
эовлест	Name of Lin	nited Liability Company	
		_	
	JEFF HARRINGTON		
		Name of Person	<u>.                                    </u>
	LEGAL ALLIANCE		
	<del></del>	Firm/Company	<del></del>
	1200 BRICKELL AVENU	JE PH 1950	
		ORLDWIDE SCHOOL. LLC  Name of Limited Liability Company  Indirect and fee(s) are submitted for filing.  See concerning this matter to the following:  EFF HARRINGTON  Name of Person  LEGAL ALLIANCE  Firm/Company  200 BRICKELL AVENUE PH 1980  Address  MAMI FL 33131  City/State and Zip Code  rvice@myhlaw.com  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  at (	
	MIAMI FL 33131		
	service@myhlaw.com	·	
For further information	E-mail address: ( concerning this matter, please c	•	ication)
JO ANN HARRINGTO	ON	561 253.6690	
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	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

TO:

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

OPEN MIND WORLDWIDE SCHOOL	LLC	
(Name of the Limited Li (A F)	ibility Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabili	y Company were filed on 7/11/2018	and assigned
Florida document number L18000167988		
This amendment is submitted to amend the following	ŗ	
A. If amending name, enter the new name of the	imited liability company here:	
N/A		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AL	DRESS)	SEC /1511
		E SEE
		18 F CO
Enter new mailing address, if applicable:	N/A	<b> </b>
Mailing address MAY BE A POST OFFICE BOX		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our reco ddress here:	rds, enter the name of the ne
Name of New Registered Agent: N/	A	
New Registered Office Address:		
	Enter Florida street add	iress
_		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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
	N/A		☐ Add
			□ Remove
			Change
			□ Remove
			Change
		<del> </del>	□ Add
			□ Remove
			Change
<u></u>			
			☐ Remove
			Change
		<del></del>	Remove
		<del></del>	□ Change
		· - · -	Add
			☐ Remove
			☐ Change

	Please change spelling of Manager's name as follows:		_
	, Current Manager Name: KEMENY, PAT		
	CORRECT MANAGER NAME: KEMENY, PAL		_
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(If a <u>No</u>	ective date, if other than the date of filing:		
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	the ear	lier
Da	red N/A		
	Signature of a member or authorized representative of a member		
	1 Signature of a mambar or purharized expressionative of a mambar		

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Filing Fee: \$25.00



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