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EXAMINER

## **COVER LETTER**

	egistration S ivision of Co				
SUBJECT	Gables Cr	est School Florida, LLC			
00001.01	,	Name of Lim	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all corresp	ondence concerning this matter	to the following:		
		Joseph M. Hernandez, Esc	1.		
		<del></del>	Name of Person		
		Weiss Scrota Helfman Co	le & Bierman, P.L.		
			Firm/Company	<del></del>	
		2525 Ponce de Leon Boule	evard, Suite 700		
	Address				
		Coral Gables, Florida 3311	34		
		jhernandez@wsh-law.com	City/State and Zip Code		福
		•	to be used for future annual report notif	ication)	SEE
For further	information o	concerning this matter, please co	all:		SEF -7
Joseph M. Hernandez, Esq.		ësq.	305 854-0800		VI 10: 00
	Name o	of Person		· Telephone Number	); ()()
Enclosed is	a check for t	he 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

Gables Crest School Florida, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 30, 2018 \_\_\_\_ and assigned Florida document number  $\frac{L18000182512}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Gables Crest Preparatory, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) - Ę. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida City

## 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:

AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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			□ Remove
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			☐ Change
			□ Remove

\_\_\_\_\_\_ □ Change

If amending any other information, enter change(s) he	ere: (Attach ac	lditional sheets, if r	necessary.)	
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August 2		100	ptional)	
f an effective date is listed, the date must be specific and cannot be pri	ior to date of filing	or more than 90 days a	fter filing.) Pursuant	to 605.020
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's record		filing requirements.	this date will not b	be listed as
ne record specifies a delayed effective date, but r	not an effecti	ve time, at 12:0	1 a.m. on the	earlier o
The 90th day after the record is filed.				
Dated August 30				
Dated	·			
$\underline{\hspace{1cm}}$				
Signature of a member or au	ithorized represent	ative of a member		

Page 3 of 3