118000184003

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COVER LETTER

MLMPI PREPARATORY ACADEMY #1 LLC SUBJECT: 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: Daniel Puder Name of Person MLMPI PREPARATORY ACADEMY #1 LLC Firm/Company 340 S lemon ave #8544 Address Walnut, CA 91789 City/State and Zip Code dp@mylifemypower.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel Puder Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

MLMPI PREPARATORY ACADEMY #	LLC	
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L18000184003	Company were filed on 8-25-2	019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
MLMPI PREP ACADEMY 1 LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	no change	
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)	<u> </u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		SEP -3 AH IO: 51
3. If amending the registered agent and/or regestered agent and/or the new registered office at		r records, enter the name of the
Name of New Registered Agent: n/a		
New Registered Office Address:	Enter Florida s	street address
	City	, Florida Zip Code
	- ···,·	inp cont

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	8-27-2019		
ffective date, if other than the c an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable	ate of filing or more than 90 o statutory filing requireme	((optional) days after filing.) Pursuant to 605.0 ents, this date will not be listed
e record specifies a delayed The 90th day after the reco		n effective time, at 1	2:01 a.m. on the earlier
ated August 26	. 2019		
Daniel Pud	er		

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Filing Fee: \$25.00