L18000214215

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2022 MAR 23 AM 7: 37
SECRETARY OF STATE
TALL AHASSEE, FL

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: South Tampa Learning Center LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:
Christine Rondcau Name of Person
Tutoring Clubs of Tampa LLC
501 Knights Run Ave, #2108
Tampa FL 33602 City/State and Zip Code
rondeau-Christine (Dughoo, Com) E-mail address: (to be used for future annual report notification)
Cor further information concerning this matter, please call:
Rordoau at (401) 375-7887 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\siz\$ \$25.00 \text{ Filing Fee} \square \$\square\$ \$30.00 \text{ Filing Fee & Certificate of Status} \square\$ \$\sum{Certificate of Status} \square\$ \$\square\$ (additional copy is enclosed) \$\sum{Certificate of Status} \square\$ \$\square\$ (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 MAR 23 AM 7: 37

South Tampa	Learning Center Liubility Company as it now appears of Florida Limited Liability Company)	SECRETARY OF STATE	
(<u>Name of the LinHted I</u> (A)	Liability Company as it now appears of Florida Limited Liability Company)	on otaleeathassee, fl	
The Articles of Organization for this Limited Liabi Florida document number <u>L18000214215</u>		9/10/2018 and assigned	
This amendment is submitted to amend the followi	ng;		
A. If amending name, enter the new name of th	e limited liability company here	<u>2</u> ;	
Tutoring Clubs The new name must be distinguishable and contain the words	of Tampa LLC s "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C"	_
Enter new principal offices address, if applicabl	e:		_
(Principal office address MUST BE A STREET A	(DDRESS)	·	_
			-
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BO	<u></u>		-
			_
B. If amending the registered agent and/or regisagent and/or the new registered office address h		ords, enter the name of the new regist	<u>ered</u>
Name of New Registered Agent:			_
New Registered Office Address:	Enter Floride	u street address	_
-		, 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 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

AMBR = Au	thorized Member		er e a calon
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
			□Change
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ated 3/20	Christ Signature o	tixe Rond, famember of authorize	2 Quezed representative of a	member	