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(Ke	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(7)	airea Fathu Near	
(Bu	siness Entity Name)	
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT:	Tutoring Clubs	of Tampa LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ch	ristine Rondeau Name of Person	
	Tutoring	Clubs of Tamp Firm/Company	a LLC
	501 Knights R	un_Ave #2108_	
	Tampa, FL	33602 City/State and Zip Code istine and Zip Code o be used for future annual report noti	
For further information of	E-mail address: (to concerning this matter, please ca		fication)
Christine Ro	Ondeau of Person	at (<u>401</u>) <u>378</u> — Area Code Daytim	7887 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration of C	Section Corporations	Street Address: Registration Secondivision of Cor	porations
P.O. Box 632	<u> </u>	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tutoring Clubs (Name of the Limited Liability Comp (A Florida Limited	of Jampa pany as it now appears of Liability Company)	11.C n our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>H8000214215</u> .	y were filed on <u>Se</u>	tember 10,2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Tutoring Clubs of Tampa E The new name must be distinguishable and contain the words "Emited Liab		
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		\$ 11
<u>, </u>		
Enter new mailing address, if applicable:	~/A	SSE S
(Mailing address MAY BE A POST OFFICE BOX)		AATI FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent:	e address on our reco	ords, enter the name of the new registered
New Registered Office Address: N/A		
,	Enter Florida	street address
	· · · · · · · · · · · · · · · · · · ·	
New Registered Agent's Signature, if changing Registered Agent	Cuy ••	хір Саае
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this cap te performance of my s provided for in Cha	v duties, and I am familiar with and upter 605, F.S. Or, if this document is

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>	Address	Type of Action
	_N/A		□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Change
		□ Add	
		Remove	
			□Change
		□Add	
		□Remove	
			□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	we date, if other than the date of filing: <u>June 14 2023</u> (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Qune 14 . 2023 . Chiistine Rondone Signature of a member of authorized representative of a member
	Christine Kondeau Signature of a member of authorized representative of a member
	Christine Rondeau Typed or printed name of signee