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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Business Entity Name)
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## **COVER LETTER**

eun iror.		D ACADEMY - WEKIVA. L	I.C	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Peter W. Zimmermann		
			Name of Person	<del></del>
		StarChild Academy - Wek	iva, LLC	
			Firm/Company	
		1550 N. Wekiwa Springs F	Road	
			Address	
		Apopka, FL 32712		
			City/State and Zip Code	<del></del>
STARCHILD ACADEMY - WEKIVA, 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:  Peter W. Zimmermann  Name of Person  StarChild Academy - Wekiva, LLC  Firm/Company  1550 N. Wekiwa Springs Road  Address  Apopka, FL 32712  City/State and Zip Code  wekiva@StarChildAcademy.com  E-mail address: (to be used for future annual report further information concerning this matter, please call:  Peter W. Zimmermann  at (				
		E-mail address: ()	to be used for future annual report notifi	cation)
For further i	information co	ncerning this matter, please ca	all:	
Peter W. Zi	mmermann		407 \$80-6060 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee			■ \$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, F1, 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

STARCHILD ACADEMY - WEKIVA, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
	any were filed on September 20, 2018	and assigned
Florida document number 1.18000224214		
his amendment is submitted to amend the following:		
(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 September 20, 2018 and assigned Florida document number 1.18000224214  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  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)  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:		
he new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u> ====
Principal office address MUST BE A STREET ADDRESS	2	<u> </u>
		e- 4 
		_
Enter new mailing address, if applicable:		,
The state of the s		<del>- 5.</del>
	<del></del>	12.
		r the name of th
Name of New Registered Agent:	<del>.</del>	
New Registered Office Address:		
	Enter Florida 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 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
MGR	Jesse Serventi	407 Millers Lane Wynnewood, PA 19096	
			Remove
			Add
		<del></del>	☐ Remove
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fective date, if other than the dat	e of filing:	(optional)	
		filing or more than 90 days after filing.) Pursuant tory filing requirements, this date will not b	
cument's effective date on the Depart		tory ming requirements, min date with not o	
		ective time, at 12:01 a.m. on the $\epsilon$	earlier
The 90th day after the record	is filed.		
December 6	2018		
ted	··		
	tm W. 3		
Sign	ature of a member or authorized repre	esentative of a member	_

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Filing Fee: \$25.00