

# L18000225760

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

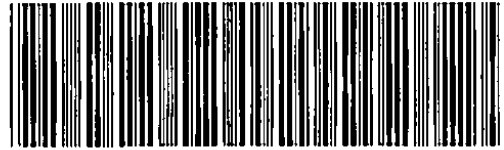
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*all*  
*5/22/20*

TO: Registration Section  
Division of Corporations

SUBJECT: NANA'S FUTURE SCHOLARS LEARNING CENTER, LLC  
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:

Beatrice M Bishop

Name of Person

Firm/Company

15000 SW 105 Court

Address

Miami, FL 33176

City/State and Zip Code

theaccessoryaffect@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatrice Bishop

305

586-7514

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

TO  
**ARTICLES OF ORGANIZATION**  
OF

NOTARIAL SEAL

2020 MAY -4 AM

NANA'S FUTURE SCHOLARS LEARNING CENTER, 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 9/24/2018 and  
Florida document number L18000225760.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The Accessory Affect, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

**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 agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip C

**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 c  
provisions of all statutes relative to the proper and complete performance of my duties, and I am familia  
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li  
company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(If an effective 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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated May 1, 2020

Beatrice M Bishop

**Filing Fee: \$25.00**