

L18000230325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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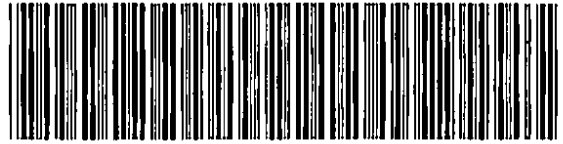
(Business Entity Name)

(Document Number)

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19 JUL 24 PM 6:07
TALLAHASSEE, FLORIDA

LANGFORD & MYERS, P.A.

ATTORNEYS AT LAW

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July 22, 2019

Author's E-mail Address:
marsha@langfordmyers.com

VIA U. S. MAIL

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

Re: Document # L18000230325 – The Hub Learning Center, LLC Amendment

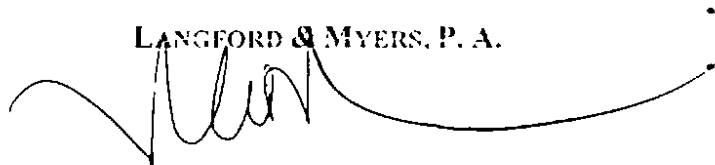
Dear Sir/Madam:

Enclosed please find check number 1133 in the amount of \$55.00 for the filing fee and certified copy fee on the above matter. Also enclosed is a Cover Letter and Articles of Amendment to Articles of Organization for The Hub Learning Center, LLC.

Thank you. Should you have any questions or need any further information on this matter please let me know.

Very truly yours,

LANGFORD & MYERS, P. A.



Marsha W. Hawkins
Office Manager

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE HUB 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:

Magen Oswald

Name of Person

THE HUB LEARNING CENTER, LLC

Firm/Company

610 Pennsylvania

Address

Palm Habor, Florida 34683

City/State and Zip Code

matt@langfordmyers.com

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

For further information concerning this matter, please call:

Matt Myers, Esq.

813

251-5533

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE HUB 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 9/27/2018

Florida document number L18000230325

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 "L.L.C."

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)

610 Pennsylvania Avenue

Palm Harbor, Florida 34683

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:

Matt C. Myers, Esq.

New Registered Office Address:

1715 W Cleveland St

Enter Florida street address

Tampa

City

Florida 33606

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Erica Bogardus	1162 Tookes Road Tarpon Springs, FL 34689	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

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

If the record 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 record is filed.

Dated July 18, 2019

Magin Oswald
Signature of a member or authorized representative of a member

Magen Oswald, Manager

Typed or printed name of signee