

118000237711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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19 JAN 11 PM 7:46  
FALLS CHURCH, VA 22034

K SATV  
JAN 15 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2018

OUTSIDE THE BOX TEACHING LLC  
KACY WOLFE  
11643 FOXGLOVE DR.  
CLERMONT, FL 34711

SUBJECT: OUTSIDE THE BOX TEACHING LLC  
Ref. Number: L18000237711

We have received your document for OUTSIDE THE BOX TEACHING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 918A00023709

04:11 PM 11/19/2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Outside the Box Teaching 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:

Kacy Wolfe  
Name of Person  
Outside the Box Teaching LLC  
Firm/Company  
11643 Foxglove Dr., Clermont, FL 34711  
Address  
City/State and Zip Code  
kacy.mari.wolfe@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kacy Wolfe at 407 574 9054  
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

Outside the Box Teaching LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
19 JAN 11 PM 7:46  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 8<sup>th</sup>, 2018 and assigned Florida document number L18000237711.

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)**

**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:

Enter Florida street address

City Florida 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>
President	Kacy Wolfe	11643 Foxglove Dr. Clermont, FL, 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
President	Emma Fraser- Chojnacki	15917 Lake Orienta Ct, Clermont, FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Representative	Emma Fraser- Chojnacki	15917 Lake Orienta Ct., Clermont, FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input 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"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

~~XXXXXX~~  
JAN 11 PM 7:45  
11111111

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

Correct spelling of Emma's full name:

Emma J. Fraser-Chojnacki

FILED  
19 JAN 11 PM 7:16  
MILWAUKEE COUNTY CLERK

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 Jan. 6th 2019

Kacy Wolfe

Signature of a member or authorized representative of a member

Kacy Wolfe

Typed or printed name of signer

E. Fraser

Emma Fraser-

Chojnacki