118000 289405

(Re	equestor's Name	e)
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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R. WHITE

MAR 0 5 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR.	ATION: Athena Scholastic,	LLC	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ŀ	Heather Reingold		
=		Name of Contact Person	1
A	Athena Scholastic, LLC		
_		Firm/ Company	
1	30 Chinaberry Lane		
_		Address	
\	/ero Beach, FL 32963		
_		City/ State and Zip Code	e
h	reingold@athenascholasti.co	nın	
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Heather Reingold		at (⁴⁰⁷	873 5207 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ng Address Idment Section Idment Sec	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2020

HEATHER REINGOLD 130 CHINABERRY LN VERO BEACH, FL 32963

SUBJECT: ATHENA SCHOLASTIC LLC

Ref. Number: L18000289405

We have received your document for ATHENA SCHOLASTIC 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 LIMITED LIABILITY COMPANY. 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) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 020A00003731

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
subject: —	ena Schola	Stall	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Heather	Name of Parson	
	p.Hena	SCOOLS+C	UC
	130 Chin	abary Lane	
	Ver0 F	City/State and Zip Code	$\frac{3963}{600}$
	E-mail address:	o be used for futdre annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Heather P	i Person John	at (10) No Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810
i allanassee.			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202011 1-4 FH 4:43 ed 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 iQ Florida document number 11800028 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 . Florida

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
MUB	Kimberly Testa	10031 Londport way	₩ Àdd
NT R		Hand O'Lakes - FL 34638	— □Remove CYCINY Change
ANDR	Angelina Boyce	Anglina Boyce	KAdd \H St. □Remove
		Tampa, FL 33625	Change
			□Add
			Remove
			Change
			DAdd
			□Remove
			□Change
		· .	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
(If an effecti Note: If	date, if other than the date of filing:
If the record s record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated \	Signature of a member or authorized representative of a member
	Heather Fein all Typed or printed name of signee

Filing Fee: \$25.00