L19000034886

(Re	questor's Name)	
•	•	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e#)
\	,	•
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
opedial mistrocitoris to	r illing Officer.	





800350127178

08/13/28--01009--008 **25.00

6:04 P. 13 F. 18:04

SEP 3 0 2020

COVER LETTER

	egistration Secivision of Corp			•
SUBJECT		Educators, LÉC	•	
SUBJECT	·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Joseph Yolofsky	ie iii ia	
	=	Yolofsky Law PA	Name of Person	
			Firm/Company	
		100 SE 3rd Avc. Ste. 1000	Address	
		Fort Lauderdale, FL 3339-		
		ajy@yolofskylaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For further	information co	oncerning this matter, please ca	all:	
Joseph Yo	lofsky		954 237-4011 at ()	
	Name of	Person	Area Code Daytime	Celephone Number
Enclosed is	s a check for th	e 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

Ivy Island Educators, LLC	1220 AUS 13 PH G. 04
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000034886	were filed on February 4, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1269 SE 29th St.
(Principal office address MUST BE A STREET ADDRESS)	Unit 106
	Homestead, FL 33035
Enter new mailing address, if applicable:	1269 SE 29th St.
(Mailing address MAY BE A POST OFFICE BOX)	Unit 106
	Homestead, FL 33035
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: 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	2929 AUG 13 PH 6: 04	Type of Action
				Add
				Remove
				Change
			Remove	
				Change
				Add
				🗖 Remove
				Change
				🗆 Add
				Remove
				Change
				🖸 Add
				□ Remove
			Change	
	· · · · · · · · · · · · · · · · · · ·	 		🗆 Add
				Remove
				□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	ZoLJAUG 13 Pil 6: 04
•	
•	
-	
-	
•	
-	
•	
•	
(If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	8/9 2020
	Signature of a member or authorized representative of a member
	Harlen Alec Shangold Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00