

L19 0000049774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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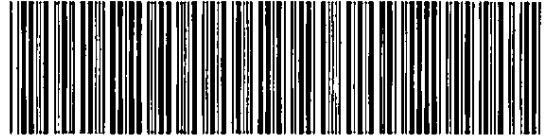
(Business Entity Name)

(Document Number)

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S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Meridian Christian Academy

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taneka Thomas

Name of Person

Firm/Company

4829 Victory Drive

Address

Orlando, FL 32805

City/State and Zip Code

Taneka.thomas@aol.com

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

For further information concerning this matter, please call:

Taneka Thomas

407 779-4158

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**

Meridian Christian Academy, 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 2/20/2019 and assigned
Florida document number 119000049774.

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)

1 South Cottage Hill Road

Orlando, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 South Cottage Hill Road

Orlando, FL 32808

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:

Michelle Rivers

New Registered Office Address:

5632 Valley Oak Road

Enter Florida street address

Orlando

City

Florida

32808

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.

Michelle Rivers

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	Taneke Thomas	4829 Victory Drive	<input type="checkbox"/> Add
		Orlando, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Taneke Thomas	4829 Victory Drive	<input type="checkbox"/> Add
		Orlando, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michelle Rivers	5632 Valley Oak Rd	<input checked="" type="checkbox"/> Add
		Orlando, FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Markia Thomas	4829 Victory Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32808	<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

[illegible]

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

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.

Dated 8/6. 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee