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COVER LETTER

	istration Sei ision of Corp			
erbicam.	Special Tim	e to Learn Tutoring Service LI	LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	! Articles of :	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Mary Surca		
		<u> </u>	Name of Person	
			Firm/Company	
		15437 SW 140 St		
		Miami Fl 33196	Address	
		jym221@msn.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	ication)
For further in	iformation co	oncerning this matter, please ca	all:	
Mary Surca			786 553-7972 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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

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

Special TimeTo Learn Tutoring Service LLC

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.19000178229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LEC" or the ab-	previation "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 off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	the name of the new
	Enter Florida street address	. a if
New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Code?
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am for covided for in Chapter 605, F.S. Or,	imiliar with and if this document is

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
MAGR	Mary Surca	15437 sw 140 st Miami Fl 33196	
			☐ Remove
			Change
			☐ Remove
			Change
			Add
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Effective date, if If an effective date is Note: If the date document's effect	inserted in this	block does not n	sect the applica	o date of filing of the statutory f	or more than 90 ciling requireme	_ (optional) lays after filing.) ents, this date w	Pursuant to 605.0207 vill not be listed as
ne record spec The 90th day	ifies a delay y after the re	ed effective decord is filed.	late, but not	an effectiv	e time, at 1	2:01 a.m. c	n the earlier of
September Dated	04		2019	·			
	H	Signature of S	member or author	rized representa	tive of a member	ï	
			Typed or printe				

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Filing Fee: \$25.00