

L19000178978

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(Address)

(Address)

(City/State/Zip/Phone #)

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TREASURER, FL

2024 AUG -8 AM 10:12

2024 AUG -8

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Awakening Abilities 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:

Heather Lyman

\_\_\_\_\_  
Name of Person

Awakening Abilities LLC, D/B/A Discovery Academy

\_\_\_\_\_  
Firm/Company

227 N. Ridgewood Ave.

\_\_\_\_\_  
Address

Edgewater, FL 32141

\_\_\_\_\_  
City/State and Zip Code

heather@discovery-academy.org

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

For further information concerning this matter, please call:

Heather Lyman

386 428-0860  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 AUG -8 AM 10:17  
STATE  
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Awakening Abilities 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 7/11/2019 and assigned  
Florida document number L19000178978.

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 "L.L.C." 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: Heather Lyman

New Registered Office Address: 227 N. Ridgewood Ave.  
*Enter Florida street address*

Edgewater, Florida 32141  
*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.*

  
Heather Lyman  
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	Adel CEBALLOS-ROSARIO	227 N. Ridgewood Ave.	<input type="checkbox"/> Add
		Edgewater, FL 32141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rafael Garcia	227 N. Ridgewood Ave.	<input type="checkbox"/> Add
		Edgewater, FL 32141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Heather Lyman	227 N. Ridgewood Ave.	<input checked="" type="checkbox"/> Add
		Edgewater, FL 32141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chad Lyman	227 N. Ridgewood Ave.	<input checked="" type="checkbox"/> Add
		Edgewater, FL 32141	<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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**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 August 2, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

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SECTION OF STATE  
TALLAHASSEE, FL

75