

L 2000 000 1740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

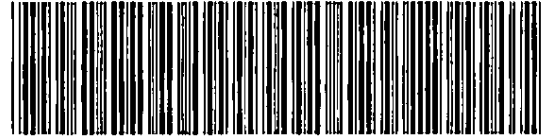
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800339889348

01/31/20--01026--016 **60.00

FILED
CLERK OF STATE
CORPORATIONS
20 JAN 31 AM 9:32

Amend/name change

FEB 27 2020

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: E & T EDVENTURES 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:

THOMAS GANTT

Name of Person

E & T EDVENTURES

Firm/Company

16100 NE 7 AVENUE

Address

MIAMI, FL. 33162

City/State and Zip Code

thomasgantt@icloud.com

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

For further information concerning this matter, please call:

THOMAS GANTT

Name of Person

at (305) 546-2979

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

FILED
TALLAHASSEE
DIVISION OF CORPORATIONS
2014 MAR 31 AM 9:32

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

E & T EDVENTURES

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

RECEIVED
STATE OF FLORIDA
20 JAN 31 AM 9:32

The Articles of Organization for this Limited Liability Company were filed on 12/19/2019 and assigned
Florida document number L20000001740.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J & T EDVENTURES 2020 LLC

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: JUAN DEL HIERRO

New Registered Office Address: 16100 NE 7 AVENUE

Enter Florida street address

MIAMI, Florida 33162

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ERIN ABRAMNOFF	5795 SW 87TH AVE	<input type="checkbox"/> Add
		COOPER CITY, FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN DEL HIERRO	16100 NE 7 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33162	<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
			<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]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00