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(Re	questor's Name)	<del>-</del> "
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

SUBJECT:		onal services LLC			
SODULET.		Name of Lim	ited Liability Company		<del>_</del>
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Ravi Singh			
			Name of Person		
		Lutz Educational services	LLC		
		<u> </u>	Firm/Company		
		20118 Blue Daze Ave			
			Address	, <u>-</u>	
		Tampa, FL, 33647			
			City/State and Zip Code		
		ravi.ims@gmail.com	to be used for future annual	report notification)	<del>.</del>
For further in	iformation con	cerning this matter, please ca		report nonneadon)	
Ravi Singh			860 95. at ()	29441	
	Name of P	erson	Area Code	Daytime Telepho	one Number
		following amount:			
\$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		\$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

Registration Section Division of Corporations

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUTZ EDUCATIONAL SERVICE	SLLC	8
(Name of the Limite	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	records.) ALL AP
`	(X 1 torida Ellinted Elability Company)	ASS G
The Articles of Organization for this Limited Lia	ability Company were filed on 01/07/2020	
Florida document number L20000013576		SECOND REPORT
	<del></del> -	
This amendment is submitted to amend the follo	owing:	### 72
A. If amending name, enter the new name of	the limited liability company here	원류(1) · <b>(2)</b>
the new mane vi	the minet namely company nere.	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company" the designation	"I.I.C" or the abbreviation "I.I.C."
		DEC With advictation (2.E.C.
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E		
The state of the s		
B. If amending the registered agent and/or re	gistered office address on our records a	enter the name of the new registered
agent and/or the new registered office address	s here:	mer the name of the first registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street c	uldrace
	isuer Fronta Mreer (	rugi və ə
	City	Florida
	Cuy	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>	Type of Action
AP	Nidhi Rawat	20118 Blue Daze Ave	🖸 Add
		Tampa	≣Remove
		FL, 33647	
			□Add
			□Remove
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	<del></del>		
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			□Remove

## Page 2 of 3

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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.) Pursu <u>Fote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th The 90th day after the record is filed.	ne earlier o
ated ated ; ;	
Co-lit	
Signature of a member or authorized representative of a member	
Ray Ging L Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00