## LZO 000019306

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## **COVER LETTER**

TO: Registration Se Division of Cor		•		
SUBJECT:	Name of Limit	SALL ACADEM ed Liability Company	ny LLC	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	CHARLES	ALLEAL Name of Person		
	YouTH IS	Firm/Company	Semy LIC	
	12Z EAST	LAKE CLUS Address	DRIVE	
	E-mail address: (to	Eity/State and Zip Code  ALLADE MU  be used for future annual report notif	34677 240 GM41/. Co	7 ) r
For further information c	oncerning this matter, please cal	1:		
CHARLES Name o	ALLEN	at (Area Code) Daytime	E Telephone Number	
Enclosed is a check for th	ne following amount:			
125.00 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 Addres Registration S		Street Address: Registration Sec	tion	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

(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 Florida document number \_\_\_\_\_\_. 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 "LLC." 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: New Registered Office Address: Enter Florida street address , Florida

## 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 MGR HAROLD ALLED UPPERMANDER MS DANGE **Type of Action** Remove MGZ CHARLES ALLEW 122 EASTLAKE CLUB BADD

Oldsmar, FZ 34677 Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change 

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ated	Signature of a mo	ember or authorized represen	native of a member	

Filing Fee: \$25.00

Typed or printed name of signee