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US 10/25/20

COVER LETTER

TO: Registration Se Division of Cor				
Shade Goal	ls LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Karyn Scarbrough			
		Name of Person		
	Shade Goals LLC		; .	• •
	Shade Godis Elec			() () () () () () () () () ()
		Firm/Company		- h
	917 E Bobe St		;	-,
		Address		5-
	Pensacola, FL, 32503		, : :	ر ن
		City State and Zip Code	 ,	
	thepanhandletutor@gmail.e	rom		
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please ca	all:		
Karyn Scarbrough		850 5328840		
Name o	f Person		rne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed?	S60,00 Filing Certificate of Certified Copy radditional copy	f Status & by
<u>Mailing Addres</u> Registration !		Street Address: Registration S	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810.	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shade Goals LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears on our records.</u> Jability Company)	,)
he Articles of Organization for this Limited Liability Company	were filed on 1/27/2020	and assigned
lorida document number 1.20000033421		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
The Panhandle Tutors LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		1
Principal office address MUST BE A STREET ADDRESS)		- 13
		· · · · · · · · · · · · · · · · · · ·
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
 If amending the registered agent and/or registered office a gent and/or the new registered office address here; 	iddress on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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>	Name	Address	Type of Action
			□Remove
			□Change
			☐ Remove
			□ □ Change
			. \ □Add
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ctive date, if other than the date of filing:	(optional)
enective date is usion, the date must be specific and cannot be prior	or to date of filing or more than 90 days after filing.) Pursuant to 605, icable statutory filing requirements, this date will not be liste
iment's effective date on the Department of State's records	s.
and a side and burst against the first of the	
filed.	time, at 12:01 a.m. on the earlier of; (b). The 90th day after
Consumb or 10th	
September 10th 2020	·
Kor M Localtron	horized representative of a member
<u> </u>	V '
Signature of a member or aug	norized representative of a member