

L20 00006764Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

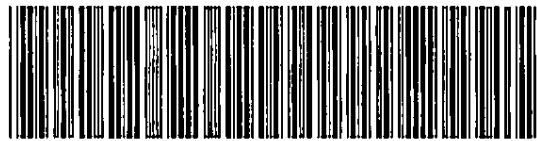
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Valiant Academy, 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:

Dacia Victor

Name of Person

Valiant Academy, LLC

Firm/Company

530 Susan B Britt Ct., Ste 250

Address

Winter Garden, 34787

City/State and Zip Code

academyinfo5782@gmail.com

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

For further information concerning this matter, please call:

Dacia Victor

407

431-0942

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

Valiant Academy, 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 03/01/2020 and assigned
Florida document number L20000067642.

This amendment is submitted to amend the following:

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

Elisha American Performing Arts Academy and Chayal Academics, 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:

Tamika DuBarray

New Registered Office Address:

530 Susan B Britt Court, Suite 250
Enter Florida street address

Winter Garden
City

Florida

34787
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.

Tamika DuBarray

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	Tamika DuBarry	530 Susan B Britt Court	<input type="checkbox"/> Add
		Suite 250	<input checked="" type="checkbox"/> Remove
		Winter Garden, FL 34787	<input type="checkbox"/> Change
MGR	Dr. Aprille P. Warren	530 Susan B Britt Court	<input checked="" type="checkbox"/> Add
		Suite 250	<input type="checkbox"/> Remove
		Winter Garden, FL 34787	<input type="checkbox"/> Change
MGR	Jendayi Phillips	530 Susan B Britt Court	<input checked="" type="checkbox"/> Add
		Suite 250	<input type="checkbox"/> Remove
		Winter Garden, FL 34787	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated September 10 2021

Signature of a member or authorized representative of a member

Dacia Victor

Typed or printed name of signee

Filing Fee: \$25.00