

L20000067642

(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:

Wmills

Office Use Only



900441346349

12/20/24--01012--021 **55.00

FILED
2024 DEC 20 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FL 32399

DR. APRILLE P WEALTH-WARREN
ELISHA AMERICAN PERFORMING ARTS AND CHAYAL ACADEMICS, LLC
530 SUSAN B BRITT CT, STE 250
WINTER GARDEN, FL, 34787
DECEMBER 4, 2024

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: AMENDMENT TO ARTICLES OF ORGANIZATION FOR DOCUMENT NUMBER
L20000067642

Dear Division of Corporations Team,

Please find enclosed the Articles of Amendment for Elisha American Performing Arts and Chayal Academics, LLC. This amendment includes the following changes to the Articles of Organization:

- Change of LLC name to Elisha American Artistic Preparatory Academy, LLC

Included with this submission are:

1. The completed Amendment Form.
2. A check for **\$55**, which covers the **\$25.00** filing fee and **\$30.00** for a certified copy.

Please contact me at **954-931-7406** if there are any questions or if additional information is required.

Thank you for processing this amendment.

Sincerely,



Dr. Aprille P. Wealth-Warren
President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elisha American Performing Arts and Chayal Academics, I.I.C ~~666~~

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:

Dr. Aprille P Wealth-Warren

Name of Person

Elisha American Performing Arts and Chayal Academics, I.I.C

Firm/Company

530 Susan B Britt Ct, Ste 250

Address

Winter Garden, FL 34787

City/State and Zip Code

dr.aprilpwarren@gmail.com

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

For further information concerning this matter, please call:

Dr. Aprille P Wealth-Warren

954

931-7406

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
Tallahassee, FL 32314

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**

Elisha American Performing Arts and Chayal Academics, 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 1.20000067642.

This amendment is submitted to amend the following:

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

Elisha American Artistic Preparatory Academy, 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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 December 4, 2024



Signature of a member or authorized representative of a member

Dr. Aprille P. Weath- Warren

Typed or printed name of signee