

L200000119999

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2/4/2023

TO: Registration Section
Division of Corporations

SUBJECT: INTELLIGENT LEADERSHIP ONLINE 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:

LAURYN CHARLES

Name of Person

ACCOUNTABLE FINANCIAL SERVICES GROUP, INC

Firm/Company

461 E HILLSBORO BLVD SUITE 200

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

ANNUALREPORTS@AFSGCONSULTING.COM

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

For further information concerning this matter, please call:

LAURYN CHARLES

954 933-1558

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

TO
ARTICLES OF ORGANIZATION
OF

FILED

INTELLIGENT LEADERSHIP ONLINE ACADEMY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 NOV 22 PM 1:5

SECRET
TALLAHASSEE FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on 05/01/2020

Florida document number L20000119999

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 "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:

7344 BELLA FORESTA PLACE

Enter Florida street address

SANFORD

City

Florida 32771

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 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 attending 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>
CEO	JOHN S. MATTONE	1668 CHERRY RIDGE DR	<input type="checkbox"/> Add
		LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOHNMATTONEPARTNERS INC	7344 BELLA FORESTA PLACE	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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