L20000 137243

Office Use Only



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COVER LETTER

TO:

	UTORING LLC	. .	46	
	Name of Limited Liability Company			
d Articles of	Amendment and fee(s) are sub	mitted for filing.		
all correspo	ndence concerning this matter	to the following:		
	KATRINA LADSON			
		Name of Person		
	HIDDEN TREASURES B	USINESS & FINANCE EMPORI	UM LLC	
		Firm/Company		
	150 S PINE ISLAND ROA	AD. SUITE 300		
		Address	.	
	PLANTATION, FL 33324			
		City/State and Zip Code	-	
	E-mail address: (to be used for future annual report noti	fication)	
nformation c	oncerning this matter, please co	all:		
LADSON		954 770.3838		
Name o	l'Person		e Telephone Number	
a check for th	ne following amount:			
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)	
	_	<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
	INSPIRE T INSPIRE T Inspire the street of	Name of Lim If Articles of Amendment and fee(s) are sub in all correspondence concerning this matter KATRINA LADSON HIDDEN TREASURES B 150 S PINE ISLAND ROA PLANTATION, FL 33324 THEWEALTHCHANNEL(E-mail address: (information concerning this matter, please est LADSON Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee & Certificate of Status illing Address: gistration Section vision of Corporations D. Box 6327	INSPIRE TUTORING LLC Name of Limited Liability Company Id Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: KATRINA LADSON Name of Person HIDDEN TREASURES BUSINESS & FINANCE EMPORITE Firm/Company 150 S PINE ISLAND ROAD. SUITE 300 Address PLANTATION, FL 33324 City/State and Zip Code THEWEALTHICHANNEL@YAHOO.COM E-mail address: (to be used for future annual report notion of the concerning this matter. please call: LADSON Name of Person Area Code S55.00 Filing Fee & Certificate of Status Certificate of Status Street Address: gistration Section Vision of Corporations Street Address: Registration Section Vision of Corporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSPIRE TOTORING, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000137243</u> .	were filed on <u>5.18</u> . 20,	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ALLEN HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		20 JUN - 9
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		SSEE. FILE
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid:	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Remove
			Change
			bbAC
			AND SOLUTION AND AND AND AND AND AND AND AND AND AN
			NY OF STATE
			SSE A Character
			□Remove
			□Change
			□Remove
		-	
			□Remove
			□Change

Effective date, if other than the date of filing:		_
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Effective date, if other than the date of filing: (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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 cord is filed.	in the state of th	-=
Effective date, if other than the date of filing:		<u> </u>
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Dated 05.28. 2020	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
$\frac{\partial}{\partial x} dx = \frac{\partial}{\partial x} dx$	8. 2020	
Signature of a member or authorized representative of a member	la alla	

Typed or printed name of signee

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