LZ0000144888

(Requestor's Name)
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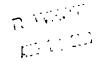
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COVER LETTER

TO: Registration Division of C				
SUBJECT:	Brad Bacha	y LSAT Prep L	LC	
	Name of Lin	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
	pondence concerning this matter	-		
	Brad	Barbay Name of Person		
		Name of Person	··· ·· <u>-</u> ···	
	Bran B	Firm/Company	epllc	
		Firm/Company		
	1031 6	Vernsej Street		
	Orlando	Florisa 3280 City/State and Zip Code	4	
	1 110	City/State and Zip Code		
	E-mail address: (arbay @ Yahoo. Cor	otification)	
For further information	concerning this matter, please c	all:		
Brad	Barbay	at (407) 920 Area Code Dayti	-2364	
Name	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for	the following amount:			
Enclosed is a check for \$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 Addr		Street Address:		
Registration	n Section Corporations	-	Registration Section Division of Corporations	
P.O. Box 63	-	The Centre of Tallahassee		
Tallahassee	, FL 32314	2415 N. Monr	2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13rad Barbay L	SAT Prep	LLG: 26 Fil 4: 30	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on Liability Company)	<u>n our records.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000144888</u> .	were filed on O5	/ 28/2020 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:	:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	mation "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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	rds, enter the name of the new registere	
New Registered Office Address:			
Hew Registered Office Futuress.	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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am familiar with and pter 605, F.S. Or, if this document is	

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
MGR	Brad Barbay	2031 Guernscy Street	MAdd
	,	2031 Guernscy Street Orlando, FL 32804	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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		· ··· · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
			□Remove
			□Change

. II am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
	······································
(If an e	tive date, if other than the date of filing:
the receiond is t	
	June 19th 2020
Dated	1 the 14 to 1000.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Brad Barbay

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