L20 000 150593

(Re	questor's Name)	
(AdA)	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMINENCE	Tutoming LCC. Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Amendment at	nd fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
	MAYSA CESPEDES Name of Person
	EMINENCE TUTONING Firm/Company
	15783 LOCH ISLE DA. WEST
	Mi'AMI LAKET, FL 33014 City State and I'm Code
	IAYSACESPEDES & GMAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
MAYSA CESPEDE Name of Person	at (<u>305</u>) 338-320 6 Area Code Daytime Telephone Number
Enclosed is a check for the following ar	nount:
	Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMINIFACE	TUTONING	110	11. 77. 7. 27
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our recoi	rds.)
The Articles of Organization for this Limited Liability Cor Florida document number 420000 150593	mpany were filed on	6/3/2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the c	designation "LL	C" or the abbreviation "L.L.C "
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Winning dual Ess MAT BE STORY OF THE BOXY			
B. If amending the registered agent and/or registered or egent and/or the new registered office address here:	office address on our i	ecords, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street addr	ess
	City:	, F	Florida Zip Code
	Cuy		Sil. Com

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 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	MAYSA CESPEDET	15783 LXH/SLE DR. WEST	JAdd
		15783 Lattes Dr. West Minui LAKET, FL 33014	□Remove
			□Change
			□Add
			🖸 Remove
			□Change
			□Add
		_ 	□Remove
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fectiv	e date, if other than the date of filing: (optional)
nte: l	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
ecord	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
is file	1.
	aluthana
ited _	8/14/2020
	\mathcal{M}
	Singapore Af a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00