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2020 OCT 23 PM 5:17

12/2/20
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shining Stars Academy of Excellence
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:

Raquel Hargrave
Name of Person

Firm/Company

3927 W. Palmetto St.
Address

Tampa FL 33607
City/State and Zip Code

SSAofExcellence@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raquel Hargrave at (888) 389-7750
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**

Shining Star Academy of Excellence

(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 _____ and assigned
Florida document number _____.

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 "LLC."

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

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>	<u>Address</u>	<u>Type of Action</u>
AP	Gary Hargrove 3rd	3 27 W. Palmetto St. Tampa	<input type="checkbox"/> Add
		Tampa Fl. 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Raquel Hargrove	3927 W. Palmetto St.	<input checked="" type="checkbox"/> Add
		Tampa Fl. 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vanessa Williams	3821 Osborne Oaks	<input checked="" type="checkbox"/> Add
		Way Tampa Fl. 33610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gary Hargrove Jr.	3927 W. Palmetto St.	<input checked="" type="checkbox"/> Add
		Tampa Fl. 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amanda Thompson	3821 Osborne Oakway	<input type="checkbox"/> Add
		Tampa Fl. 33610	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

8/31/2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Raquel Hargrave
Typed or printed name of signer

Typed or printed name of signee