# L20000 157468

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### **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration S Division of Co			
SUBJEC	AYE CEE'	S TUTORING, LLC		
DO DO LLC		Name of Lir	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		ANTOINETTE CANNO	N	
			Name of Person	
		AYE CEE'S TUTORING	LLC	
			Firm/Company	<del></del>
		755 NE 145 STREET		
			Address	
		NORTH MIAMI, FLORII	DA 33161	
		ladya.beecannon@gmail.co	City/State and Zip Code	<del></del>
			to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please c	all:	
Tonya Ale	exander		305 527-2805	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 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> 1ailing Address</u> Legistration S		Street Address:	antia.
	Division of Co		Registration Section Division of Corporations	
	O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYE CEE'S TUTORING, LLC (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 06/09/2020 \_\_\_\_ and assigned Florida document number L20000157468 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: Enter Florida street address

### 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

\_\_\_\_, Florida \_\_\_

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>	Type of Action
AR	Ali M. Cannon	9593 Williamsburg Drive	<b>∃</b> Add
	·	Cypress Gardens, FL 33884	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Change

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Kepresenta-	ng Ali M. Car	organization	<b>1</b>
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ote: If the date inserted in th	e must be specific and cannot be pri-	icable statutory filing requirement	_ <b>(optional)</b> lays after filing.) Pursuant to 605.020 ents. this date will not be listed as
e record specifies a dela The 90th day after the	ayed effective date, but n record is filed.	ot an effective time, at 1	2:01 a.m. on the earlier o
	2020		
ated		<del></del> '	
ated June 17	,,	thorized representative of a membe	