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AUG 1 0 2020 S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

TO:

A P CON THE STATE OF THE STATE	gles Private Tutor LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Donna Noel		
		Name of Person	
	Soaring Eagles Private		
		Firm/Company	
	622 Laurel Way		
		Address	
	North Lauderdale Florida	33068	
		City/State and Zip Code	
	soaringeagles_6804@yahoo	o.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	ali:	
Donna Noel		954 6969337 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soar Eagles Private Tutor 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 $^{05/06/2020}_-$ Florida document number _____L20000158055 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 registerec agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida City

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>	Name	Address	Type of Action
			Dadd
			TRemove
			ClChange
			□Remove
			□Change
			□Add
			∏Remove
			□Change
			JAdd
	·	□Remove	
			□Change
		□Add	
			□ Remove
		□Change	
		□Add	
			ElRemove
			□Change

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