## LZ0000183680

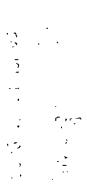
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<del></del>
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	пе)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
l		

Office Use Only



300353010813

11/16/20--01033--009 \*\*25.00



Some

## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ORING, LLC	4	. <b>u</b>	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	RODOLFO E. SOSA			
	AB + TUTORING, LLC	Name of Person		
	100 BAY VIEW DRIVE 2	Firm/Company 08		
	SUNNY ISLES, FL 33160	Address		
	rodysosa70@gmail.com	City/State and Zip Code	notification)	د ۱
For further information of RODOLFO E. SOSA	concerning this matter, please or	all: 786 587-974	2	
Name o	f Person	at () Area Code Day	ytime Telephone Number	•
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
~				
Mailing Address Registration: Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 81	0

٠. ٠,

, -

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AB + 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 \_\_\_\_\_\_\_ \_\_\_\_ and assigned Florida document number L20000183680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) N/A 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: N/A Name of New Registered Agent: N/A 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

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	RODOLFO EDGAR SOSA	100 BAY VIEW DRIVE # 208, SUNNY ISLES, FL 33160	<b>■</b> ∧dd
			□Remove
			□Change
			□Add
		<del></del>	□Remove
		<del></del>	□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
		<del></del>	Change
			□Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			□ Change

					, <u></u>	
						,
				<u>.</u>		<del> </del>
						<u> </u>
				<u></u> .		
••					<u> </u>	
<del>"</del>	<del></del>			<u> </u>		
				·	<del></del>	
					-	
	ч					
<u></u>						······································
<u>-</u>						
		_				
	f other than the data stated, the date must be inserted in this bloc	e specific and ca	annot be prior to eet the applicab	odate of filing or mole statutory filin	ore than 90 days after for requirements, this	nal) iling.) Pursuant to 605,020 date will not be listed a
If an <b>e</b> ffective date is <b>Note:</b> If the date	tive date on the Dep		ate's records.			
If an effective date is Note: If the date document's effect e record specifies		artment of Sta		e, at 12:01 a.m. (	on the earlier of: (b)	The 90th day after the
If an effective date is Note: If the date document's effect e record specifies rd is filed.  OCTOBEI	a delayed effective o	artment of Sta		e, at 12:01 a.m. (	on the earlier of: (b)	The 90th day after the
If an effective date is Note: If the date document's effect e record specifies rd is filed.	a delayed effective o	artment of Sta	n effective tim	_ <i>.</i>		The 90th day after the
If an effective date is Note: If the date document's effect e record specifies rd is filed.  OCTOBEI	a delayed effective o	artment of Sta	n effective tim	ized representative		The 90th day after the

Filing Fee: \$25.00