L20000200529

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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Tender Lov SUBJECT:	ving Care Academy Prep LLC		
SOMECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Teryliz Aguirre		
		Name of Person	
		Firm/Company	
	9240 S. W. 190th Street	Solution Street Solution Solution	
		Address	
	Cutler Bay, Fl 33157		3 Sytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) SE: 1 Section Corporations
	ateryliz.18@yahoo.com	City/State and Zip Code	
		•	tification)
For further information of	concerning this matter, please c	all:	
Teryliz Aguirre			
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ection
Division of C		_	
P.O. Box 632			-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tender Loving Care Academy Frep L		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L20000200529	bility Company were filed on July 13, 2020	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	FI 2020 OCT
TLC Classical Academy Prep LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or the	e abbreviation L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the n</u> <u>here</u> :	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	, Florida	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 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
			□Add
			Remove
			□Change
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			Compre
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ective date, if other than neffective date is listed, the date	the date of filing:			(op	tional)	(05.0000
te: If the date inserted in this cument's effective date on the	s block does not me	et the applicab	date of filing of fi le statutory filin	g requirements, the	er ming.) rursuar nis date will not	he listed as
ecord specifies a delayed effe is filed.	ctive date, but not a	n effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th d	ay after the
November I		2020	_ ·			
Touli	11		0 2			
	Signature of pane	WV	zed representative	of a mambas		

Filing Fee: \$25.00