## L20000214284

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
ase return all correspo	ndence concerning this matter t	to the following:	
ase remain an entrape	. 2		
	Miara	Davis - Mile Name of Person	okill_
	<u> </u>	Firm/Company A	
	710 W	Mansfuld Str	ut
	Del	COUTE S272C	)
	Hs da	City/State and Zip Code  V/S (1) (2) (1) (1)  o be used for future annual report notifice	cation)
further information of Frackerick	1 11		
Name o	Person	Area Code Daytime	Telephone Number
losed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sect	tion
Division of C		Division of Corp	
P.O. Box 632	•	The Centre of Ta	llahassee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	, Flor	
	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	ne name of the new registered
ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)	Dekond FL 3	seld Street
	715 : 2000000	intol Charact
incipal office address MUST BE A STREET ADDRESS)	IJELONU FL S	LILU
ter new principal offices address, if applicable:	710 W Manshe	101. Street
new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	
s amendment is submitted to amend the following:		
e Articles of Organization for this Limited Liability Company virida document number <u>L20000114284</u> .	were filed on <u>JULY XX, X</u>	and assigned
(A Florida Limited L	iability Company)	200 里 5
(Name of the Limited Liability Company)	ny Academy L ny astit now appears on our redords.	LE E

w Registered Agent's Signature, if changing Registered Agent:

ercby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and zept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability appany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

monding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

4BR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
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nending any other in	nformation, enter chang	e(s) here: (Attach add	itional sheets, if necesso	r(v)
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tive date, if other tl	han the date of filing:		(optiona	ıl)
ffective date is listed, the If the date inserted i	date must be specific and cannot this block does not meet to the Department of State's	he applicable statutory fi	r more than 90 days after fili	ng.) Pursuant to 605,0207
iled.	effective date, but not an ef			The 90th day after the
December	- 5th 2	020.		
	Line 3 Signature of a memb	D Milale er or authorized represental	( ) ve of a member	
	•	Dalis -1776 d or printed name of signed		
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