## h20000219163

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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
CHRIC	SCHOOLHÇ	OUSE MATH LLC				
SORTE	CT:	Name of Limi	ted Liability Company	<del></del>		
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspon	dence concerning this matter	to the following:			
		JODI MUMFORD-PORTE	ER			
			Name of Person			
		SCHOOLHOUSE MATH	LLC			
			Firm/Company	<u> </u>		
		15757 PINES BLVD., STI	705			
			Address			
		PEMBROKE PINES, FL 33027				
		City/State and Zip Code schoolhousemath@gmail.com				
			to be used for future annual report notific	cation)		
For furt	ther information co	oncerning this matter, please ca	ail:			
JODI N	AUMFORD-PORT	TER	954 589-1212 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	c following amount:				
<b>□ \$</b> 2:	5.00 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 Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

SCHOOLHOUSE MATH, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRE NAME OF CRAFT

If Changing Registered Agent, Signature of New Registered Agent

The Articles of Organization for this Limited Liability Company	were filed on "124/2016 File and assigned
Florida document number 1.20000219163	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
SCUCOL HOUSE MATH & READING, LLC	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	15757 PINES BLVD., STE 705
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33027
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	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:	Enter Florida street address
Name of New Registered Agent:	
Name of New Registered Agent:	Enter Florida street address, Florida City Zip Coxle

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
			□Remove
			Change
<del></del>			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	MARCH 9 , 2022 )  Signature of a member or authorized representative of a member
	JODI MUMFORD-PORTER
	Typed or printed name of signee