k20000305561

(Re	questor's Name)	
(Ad	dress)	
(,,,	a. 	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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T. MATTHEWS APR -7 2022

COVER LETTER

TO:

Registration Section

Division of Co.	rporations			
	CLASS ACADEMY - OKEEC	HOBEE, LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Daniel Johnson			
		Name of Person		
	Johnson Law Office, PLL	С		
		Firm/Company	<u> </u>	
	19895 Princewood Dr			
		Address	<u> </u>	
	Jupiter, FL 33458			
		City/State and Zip Code		
	dan@danieljohnsonlaw.cor			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Dan Johnson		703 786-4444 at ()		
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he 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 Address Registration		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co		
P.O. Box 632 Tallahassee		The Centre of T	Fallahassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAR 22 PM 31 06

WORLD CLASS ACADEMY - OKEECHOBEE, 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 Co.	mpany were filed on Se	otember 28, 2020	and assigned
Florida document number L20000305561	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our re		*****
	Enter Flori	da street address	
	, Florida		Zin Coda
New Registered Agent's Signature, if changing Registered A	· ·		λιρ Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this c inplete performance of i int as provided for in C	my duties, and I am fa hapter 605, F.S. Or. ij	miliar with and f this document is
	If Changing Registered Age	nt. Signature of New Regi	 stered 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>	<u>Address</u>	Type of Action
AMBR	Paradise Strategies, Inc	4650 Northlake Blvd	
		Palm Beach Gardens, FL 33458	≘ Remove
		·	□Change
AMBR	AMBR Daniel Johnson	19895 Princewood Dr	
		Jupiter, FL 33458	□Remove
			
AMBR	AMBR Dawn Johnson	19895 Princewood Dr	□Add
	Jupiter, FL 33458	□Remove	
			
			□Add
			□Remove
			□Change
		□Remove	
			Change
		□Add	
			□Remove
			□Change

. 11 A1	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
the rec ford is	ord 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 filed.
Date	MARCH 21 2022
Date	
	Signature of a member or authorized representative of a member
	Daniel L. Johnson Typed or printed name of signee

Filing Fee: \$25.00