## L20000305595

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	 e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400383749284

03/22/22--01024--003 \*\*29.00

22.HAR 22 PM 3: 06

## **COVER LETTER**

	Registration S Division of Co		•	a	•	
SUBJEC	WORLD	CLASS ACADEMY - OKEECI	HOBEE NORTH, LLC	•	*	
SUBJEC		Name of Lim	ited Liability Company			
The enclo	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please res	turn all corresp	ondence concerning this matter	to the following:			
		Daniel Johnson				
			Name of Person	· ···	<del></del>	
		Johnson Law Office, PLLO	<u>.</u>			
			Firm/Company			
		19895 Princewood Dr				
		<del></del>	Address			
		Jupiter, FL 33458				
			City/State and Zip Code		<del></del>	
		dan@danieljohnsonlaw.com			_	
For furthe	ar information	E-mail address: ( concerning this matter, please c	to be used for future annual re	port notification)		
		concerning this matter, please of				
Dan John	ison		703 786 at ( )	4444		
Name of Person		Area Code	Daytime Telephone Nun	nber		
Enclosed	is a check for t	the following amount:				
<b>■ \$</b> 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi: sed) Certi:	0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
	Mailing Addre		Street Add			
	Registration Section Division of Corporations		Registration Section			
	P.O. Box 63:		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tailahassee, FL 32314

## TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS OF

22 MAR 22 PM 3= 06

Florida document number L20000305595  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  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.	(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  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 register and/or the new registered office address here:  Name of New Registered Agent:		
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  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 office address here:	his amendment is submitted to amend the following:	
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  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 and/or the new registered office address here:	A. If amending name, enter the new name of the limited liab	ility company here:
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  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 register and/or the new registered office address here:	The new name must be distinguishable and contain the condest in initial Linkil	in Common "the decimation "I I C" on the althoughtion "I I C"
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:	Enter new principal offices address, if applicable:	Ty company. the designation face of the above flation face.
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here:		
gent and/or the new registered office address here:		
Name of New Registered Agent:	B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new regi
	Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	New Registered Office 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.

City

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
AMBR	Paradise Strategies, Inc	4650 Northlake Blvd	🗀 Add
		Palm Beach Gardens, FL 33458	■Remove
			□Change
AMBR	Daniel Johnson	19895 Princewood Dr	
		Jupiter, FL 33458	□Remove
AMBR	Dawn Johnson	19895 Princewood Dr	
		Jupiter, FL 33458	□Remove
			<b>■</b> Change
			□Add
			□Remove
	<del></del>		
			□ Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change

					<del></del>		
					·-·		
	<u> </u>						
						<del></del>	_ <del>_</del>
	<del>-</del>						
			<del></del>				
_							
-			-				
Note: If the	ate, if other the date is listed, the ce date inserted in effective date or	this block does	not meet the ap	plicable statutory f	or more than 90 days iling requirements	optional) after filing.) Pursuant to , this date will not be	o 605.0207 (3 e listed as th
he record spe ord is filed.	cifies a delayed o	effective date, bu	ut not an effectiv	ve time, at 12:01 a.	m. on the earlier o	f: (b) The 90th day	after the
Dated MA	RCH 21		2022				
-		7)		7			
		) all	$\sim$ 1	/ /	<del></del>		

Filing Fee: \$25.00

Typed or printed name of signee