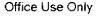
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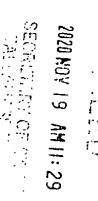
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SUBJECT:	Angelz Tou	ch Tutoring nited Liability Company	<u></u>
	Name of Lin	iited Liability Company	J
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
ricase return an correspo	ondence concerning this matter	to the following.	
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Lakana	Neversa	786, 712	-4346
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Unalogad is a about the st	h Callandina and ann		
Enclosed is a check for the	C		
☑ \$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		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
DIVISION OF C	orporations.	DIVISION OF CO	LDOLATIONS

Registration Section Division of Corporations

TO:

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION

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 bew regagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Angelz Touch	Tutoring LLC
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 bew reagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(<u>Name of the Limited Liability</u>) (A Florida L	Company as it now appears on our records.) imited Liability Company)
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 bow regagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liability Cor Florida document number <u>L2000</u> 33 67/	mpany were filed on $10/23/20$ and assign
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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address	This amendment is submitted to amend the following:	
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New Registered Office Address: Enter Florida street address		office address on our records, enter the name of the bew reg
Enter Florida street address	Name of New Registered Agent:	
Florida	New Registered Office Address:	Enter Florida street address
		. Florida
City 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 wit 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 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 Changing Registered Agent. Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
<u>AMB</u> R	Lakara Neverson	Hollywood, FL 33083	IZ-Add
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Note:	ve date, if other than the date of filing:
ne record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the
Dated _	November 13 Signature of member or authorized representative of a member Lakara Neverson Typed or printed name of signee
	Lakara Neverson