## K%C CCC 395635

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

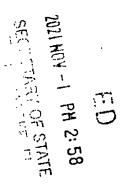
Office Use Only

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## **COVER LETTER**

TO: Registration So Division of Cor		
SUBJECT:	RHA Learning Center LLC Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Rhonda Gordon Name of Person	
	Rha Learning Certer Firm/Company	
	750 Aloma aul Address	
	Winter Park FL 32792 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
Rhonda	Sordon at (407) 982-650 7  Ferson Area Code Daytime Telephone Number	
Enclosed is a check for t	ne following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy tadditional copy is enclosed)	tus &
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Registration Section Corporations  The Centre of Tallahassee	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHA Leav	ning Ce	inter, LLC		
(Name of the Limited I (A I	.iability <b>C</b> ompan Florida Limited L	y as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L 2000 395</u>		were filed on1Q	118/2020	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicabl	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	7507 A	ioma ave Park, F	#2 L 32792
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ddress on our record	ls, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Rhone	da Gordon	<u> </u>	
New Registered Office Address:		Aloma al	reet Address	
	wint	er Park	, Florida 	32792 12 ode
New Registered Agent's Signature, if changing Reg	istered Agent:		•	ZZ ode
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	and complete red agent as p zistered office	performance of my o provided for in Chap	hities, and I am fo ter 605, F.S. Or,9	tmiliar with and Lini <del>sz</del> loci <u>jn</u> ent is
		Klonda	Gorda	_

If Changing Registered Agent, Signature of New Registered 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>	Address	Type of Action
MGR	Rhonda Gordon	1507 Aloma ave,	<b></b> X)Add
AMI32		1501 Aloma ave, Winter Park, FL	□Remove
		30792	□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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-					12021		
Note: If th	e date inserted	in this block of	pecific and canno loes not meet the ment of State's	t be prior to date of filing applicable statutor	ng or more than 90 day ry filing requirement	( <b>optional)</b> s after filing.) Purs s, this date will t	uant to 605.0207 (3), not be listed as the
e record spe	ecifies a delaye	d effective dat	e, but not an eff	fective time, at 12:0	l a.m. on the earlier	of: (b) The 90t	n day after the
rd is filed.	-		12021				
	- l l -						
Dated	06/1/B	19-1 6	<u> </u>				
		R	ande	Gord	entative of a member		
		Sign	ature of a member	er or authorized represe	entative of a member		