

121000080894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

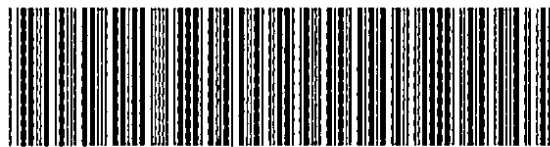
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EQUITABLE LITERACY CONSULTANTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Mead

Name of Person

EQUITABLE LITERACY CONSULTANTS, LLC

Firm/Company

1700 N MONROE STREET SUITE 11-295

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

rebeccamead@equitableliteracy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Mead

850

341-5622

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EQUITABLE LITERACY CONSULTANTS, 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 Company were filed on 02/17/2021 and assigned
Florida document number L21000080894.

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 "L.L.C."

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)

1700 N MONROE STREET

SUITE 11-295

TALLAHASSEE, FL 32303

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new r
agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1700 N MONROE STREET SUITE 11-295

Enter Florida street address

TALLAHASSEE

City

Florida 32303

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 con
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this d
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Shannon Dodd	1700 N MONROE STREET SUITE 11-295 Tallahassee, FL 32303	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02

If the record 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 record is filed.

Dated October 18 . 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Rebecca Mead

Typed or printed name of signee