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08/13/21--01015--007 **25.00

COVER LETTER

Division of Corpe			
SUBJECT:	piter Learni Name of Limi	na Academy	<u>. </u>
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
	lence concerning this matter	_	
	Eliza		
		Name of Person	
		Firm/Company	
	406 4+	h Terrace	
	Palm F	Beach Garden	S
	E-mail address: (t	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ation)
For further information con	cerning this matter, please ca	all:	
Elizabeth	Harber	at (<u>561</u>) <u>628</u> Area Code Daytime	-3343 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	<u>Street Address:</u> Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Jupiter Lea	urning Academy	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Companies	ny were filed on $8-9-21$	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Picnic Palonza L	_L_	
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	406 4th Terrace	
(Principal office address MUST BE A STREET ADDRESS)	Palm Bch Gardens,	FL 33418
		<u>.</u>
Enter new mailing address, if applicable:	406 4th Terrace	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Garden	5, FC 5597
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of t	he new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	ż.
	, Florida	· -=
	City Ziq	o 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 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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

	
	
Note: If	e date, if other than the date of filing:
e record s ord is filed	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 l.
Dated	August 9.7021.
	Signature of a momber of authorized representative of/a member
	Signature of a mymbyl pri authorized representative on a memori

Filing Fee: \$25.00