K21000120789

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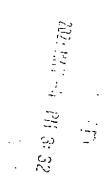
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COVER LETTER

Division of Cor	rporations	,	
Ready Re SUBJECT:	ader Preschool and Readin		
	Name of Lin	tited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marsha Barnes		
	-	Name of Person	
	Ready Reader Preschool	ol and Reading Intervention Cen	ter LLC
		Firm/Company	
	5545 Heatherton Rd.		
		Address	
	Milton, FL 32570		
	barnesmc@icloud.com	City/State and Zip Code	
	-	to be used for future annual report notif	fication)
For further information c	concerning this matter, please c	all:	
Marsha Barnes		850 382-2692	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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
Matting adding		e	

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

Ready Reader Preschool and Reading Intervention Center 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 March 15, 2021 and assigned Florida document number L21000120789 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Love of Reading Preschool and Tutoring Center LLC 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ Florida _ City

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>	Name	Address	Type of Action
Vice Pres	Calvin Barnes	5545 Heatherton Rd. Milton, FL 32570	≅ Add
			□Remove
			□Change
			🗆 Add
			Remove
		, 	□Change
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Filing Fee: \$25.00