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COVER LETTER

TO: Registration S Division of Co			•				
	nievers School of Excellen	ce, LLC					
SUBJECT:	UBJECT:						
Dear Sir or Madam:							
The enclosed Statemen	t of Correction and fee(s) :	are submitted for filin	g.				
Please return all corres	pondence concerning this i	matter to the followin	g:				
Dusty Johnson							
	Name of Person		_				
	Firm/Company	<u>.</u>	_				
1410 SW 5th Terr							
	Address		-				
Deerfield, FL 33441							
	City/State and Zip Code		_				
littleachievers21@yaho	00.com						
E-mail address: (t	o be used for future annua	report notification)	-				
For further information	concerning this matter, pl	ease call;					
Dusty Johnson		754 at (423-8984				
Name	of Person	Area Code	Daytime Telephone Number				
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check fo	r the following amount:						
□\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	□S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy				

STATEMENT OF CORRECTION

		STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY CO	2022 APR 16 OMPANY	AH 6: 30
		ction 605.0209, F.S., this document is being submitted to correct a previously ame of the limited liability company is: Little Achievers School of Excellence		
SECO	<u> DND:</u>	The Florida Document number of the limited liability company is: 1.21000	0142190	
THIRD: Document to be correct		Document to be corrected is:	·	
	9	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLIC	CABLE STATEME	<u>NT</u>
Ð	Conta statem	ins an incorrect statement. The incorrect statement, the reason the statement nent are as follows:	is incorrect, and the	corrected
	The bi	usiness name name was filed incorrectly as Lilttle AchieversSchool of Excellenc	e,LLC	
	The co	rrect name is "Little Achievers School of Excellence, LLC"		
			<u> </u>	
	OR			
0	Was d	efectively signed. The manner in which the document was defectively signe ows:	d and the appropriat	e correction are
	<u>OR</u>			
0	The ele	harmoniceian of the repart was defective		
		Signature of Authorized Representative	Date	
Signatu accepti	ire of ne ng the d	w registered agent, if applicable: (NOTE: if correcting the registered agent, esignation).	the new registered a	gent must sign
l herch provisio phligati reflect o	y accept ons of al- ions of n	Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capacity. I furth I statutes relative to the proper and complete performance of my duties, and by position as registered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited liability of Registored Agent's Signature	Lam familiar with a	nd accept the
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		