

L21 000158962

Sharene Rodriguez
(Requestor's Name)

609 NW 47 St
(Address)

Deerfield Beach FL 33444
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

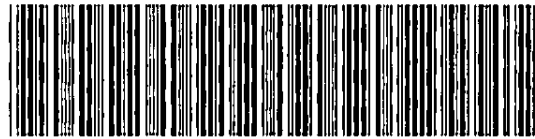
TOTS That Rock Academy
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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609 NW 47 St
Deerfield Beach FL 33444



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2021 AUG -9 PM 12:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2021

SHARENE RODRIGUEZ
609 NW 47 ST
POMPANO BEACH, FL 33064 US

SUBJECT: TOTS THAT ROCK ACADEMY LLC
Ref. Number: L21000158962

We have received your document for TOTS THAT ROCK ACADEMY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 221A00014982

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTS That ROCK Academy
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:

Sharene Rodriguez
Name of Person

TOTS That ROCK Academy
Firm/Company

609 NW 47 St
Address

Deerfield Beach, FL 33064
City/State and Zip Code

totsthatrockllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharene Rodriguez at 754 3681801
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TOTS that ROCK Academy

(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 4/6/21 and assigned
Florida document number L21000158962

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)

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:

Sharene Rodriguez

New Registered Office Address:

609 NW 47 St

Enter Florida street address

Deerfield Beach

City

Florida

33064

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 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

MGR = Manager
AMBR = Authorized Member

MGR Sharene Rodriguez 2609 NW 47 St ☒ Add
Deerfield Beach, FL 33444 ☐ Remove

MGR. Shakira Ware 609 NW 47 St ☐ Add
Deerfield Beach 33064 ☐ Remove

~~Change~~

_____ ☐ Add

[Remove](#)

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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 605.0207 (3)(b)

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 July 15, 2021

Signature of a member or authorized representative of a member

Sharene Rodriguez

Filing Fee: \$25.00