

L21000179124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

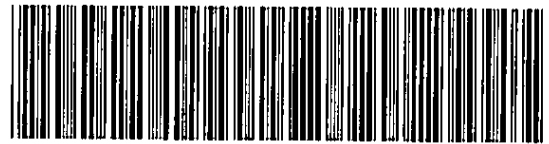
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELITE SCHOLARS TUTORING 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:

TASHA R PIERCE

Name of Person

Elite Scholars Tutoring, LLC

Firm/Company

4658 CEPEDA ST

Address

ORLANDO, FLORIDA 32811

City/State and Zip Code

ELITESCHOLARSTUTORING@GMAIL.COM

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

For further information concerning this matter, please call:

TASHA R PIERCE

407 350-1188  
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

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FILED

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	TASHA R PIERCE	4658 CEPEDA ST	<input type="checkbox"/> Add
		ORLANDO,FLORIDA 32811	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JAMAIYA T PIERCE	4658 CEPEDA ST	<input type="checkbox"/> Add
		ORLANDO,FLORIDA 32811	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	ETHEL M PIERCE	4658 CEPEDA ST	<input type="checkbox"/> Add
		ORLANDO,FLORIDA 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	LORETTA PIERCE	4419 CASSIUS STREET	<input type="checkbox"/> Add
		ORLANDO,FLORIDA 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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 June 24, 2021

Signature of a member or authorized representative of a member

Tasha Pierce  
Typed or printed name of signee

**Filing Fee: \$25.00**