

L21000332071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

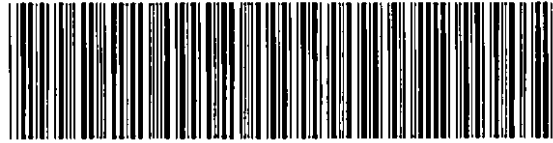
(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 14 2022

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ALLAHASSEE, FLORIDA

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2022 OCT 14 PM 1:15

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brownsville Preparatory Institute PTO, 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:

Patricia Joseph
Name of Person

Brownsville Preparatory Institute PTO, LLC
Firm/Company

1401 Old Brainbridge Rd
Address

Tallahassee, FL 32303
City/State and Zip Code

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

For further information concerning this matter, please call:

Patricia Joseph at (850) 284-6115
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 OCT 14 PM 1:17

SECRETARY OF
TALLAHASSEE, FL

Brownsville Preparatory Institute PTO, 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 4/28/2022 and assigned Florida document number L21000332071.

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)

1401 Old Bainbridge Rd
Tallahassee, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1401 Old Bainbridge Rd
Tallahassee, FL 32303

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:

Dr. ^{Kisha} ~~Krista~~ Jarrett

New Registered Office Address:

1401 Old Bainbridge Rd
Enter Florida street address

Tallahassee, Florida 32303
City 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.

Kisha Jarrett
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>
<u>President</u> MGR	<u>Dr Kisha Jarrett</u>	<u>1401 Old Bainbridge Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee, FL 32303</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>1 VP</u>	<u>Patricia Joseph</u>	<u>1401 Old Bainbridge Rd</u>	<input type="checkbox"/> Add
		<u>Tallahassee, FL 32303</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input checked="" type="checkbox"/> Change
<u>2 VP</u>	<u>Carlissia Grooms</u>	<u>1401 Old Bainbridge Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee, FL 32303</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>Treasurer</u>	<u>Iman Sandifer</u>	<u>1401 Old Bainbridge Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee, FL 32303</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>FS</u>	<u>Zack Howard</u>	<u>1401 Old Bainbridge Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee, FL 32303</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>ES</u>	<u>Felisha Herbin</u>	<u>1401 Old Bainbridge Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Tallahassee, FL 32303</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Remove the following individuals Victor Gaines,
Franzline Whaley, Scherri Bryant, Hermonica Mitchell
and Gencie Crump.

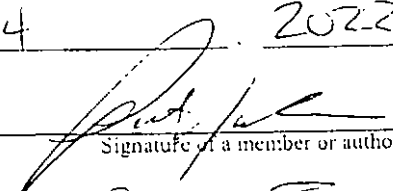
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/14 2022



Signature of a member or authorized representative of a member

PATRICIA JOSEPH

Typed or printed name of signee