## LAI 000335230

(Requestor's Name)	
(Address)	500387040
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	05/03/2201015
(Business Entity Name)	
(Document Number)	
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FILED ,

C. BRUMBLEY JUN 2 4 2022

## **COVER LETTER**

TO: Registration Se Division of Cor					
Spring Lea	ves Academy, LLC	•	* e '		•
	<b>:</b>	ited Liability Company		<del></del>	
	Amendment and fee(s) are sub-				
Please return all correspo	ondence concerning this matter	to the following.			
	Nicholas L Weatherly				
	<del></del>	Name of Person			
	Spring Leaves Academy, I	J.C			
		Firm/Company	<del></del>		
	13518 Gorgona Isle Dr.				
		Address			
	Windermere, FL 34786				
		City/State and Zip Code			
	niew@seci.biz	to be used for future annual repo	et natification	<u>,                                     </u>	
For further information of	e-man address. ( concerning this matter, please c		or mourious.	,,	
Nicholas L Weatherly		321 616-43	354		
Name o	of Person		Daytime Telep	hone Number	
Enclosed is a check for t	he following amount:				
<b>≘</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		Certified	te of Status &
<u>Mailing Addre</u> Registration		<u>Street Addr</u> Registratio			
Division of O	Corporations	Division o	f Corporat		
P.O. Box 63			e of Tallah Ionroe Str		810
Tallahassee.		2415 N. M	Ionroe Stro	eet, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spring Leaves Academy		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were file	d on and assi	gned
Florida document number 1.21000335230		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
SCCi-US, LLC		
he new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.1	C."
Enter new principal offices address, if applicable:	20	
	221	
Principal office address MUST BE A STREET ADDRESS)	2022 HAY	77
·	.:- ω	_
	¢y`\·	: 
Enter new mailing address, if applicable:	90 <b>P</b>	
Mailing address MAY BE A POST OFFICE BOX)	min .	
	r. 6	
	<del></del>	·
3. If amending the registered agent and/or registered office address of gent and/or the new registered office address here:	n our records, <u>enter the name of the new</u>	regis
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Florida	
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.

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>	Address	Type of Action
			□Add
			□ Remove
			□ Change
	<del></del>		□Add
			□Remove
		<del> </del>	Change
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: If the date inserted in this	ne date of filing:  out be specific and cannot be prior to block does not meet the applicate Department of State's records.	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pursuant trements, this date will not be	o 605.0207 (3)(b) e listed as the
ord specifies a delayed effect filed.	ive date, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
d April 29	2022			
		_·		
Mille I h	Signature of a member or author	aired consumentative of a m	unhor	

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