## 121000355332

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATI

O SIMMONS APR 1 2 2022

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

INNOVA' SUBJECT:	TION TUTORING LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LOURDES GARVALOSA	4		
		Name of Person		
	INNOVATION TUTORIN	NG LLC		
		Firm/Company		
	14321 SW 37TH ST			
		Address		
	MIAMI, FL. 33175			
		City/State and Zip Code	<del></del> -	
	mrsgarvalosa@gmail.com	to be used for future annual report noti	Saniari)	
For further information	concerning this matter, please co	·	neation)	
LOURDES GARVALO	DSA .	786 376-1410		
Name	of Person	Area Code Daytim	c Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction	
Division of C			Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

**OF** 

FILED ARTICLES OF ORGANIZATION

2022 MAR 25 AM 7: 39

INNOVATION TUTORING LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our Assets, FL (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on August 06, 2021	and assigned
Florida document number L21000355332		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Liabilit	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, 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

Title	<u>Name</u>	Address	Type of Action
AR	GUSTAVO J GARVALOSA	14321 SW 37TH ST	□Add
		MIAMI, FL. 33175	≣Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□ Remove
			Change
		<del></del>	□Add
		<del> </del>	□ Remove
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			Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
E. Effec	tive date, if other than the date of filing: (optional)
Note	ffective 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 : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the rece record is	ord 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 filed.
Date	, MARCH 15
Date	
	Torrule Il hour
	Signature of a member or authorized representative of a member
	,

Typed or printed name of signee