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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Megan Stor	ts Tutoring LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Danielle Storts		
		Name of Person	
	Storts Taxes & Bookkeepi	ng, Inc.	
		Firm Company	· · · · · · · · · · · · · · · · · · ·
	120 W Orange Street		
		Address	11-71
	Wauchula, FL 33873		
		City/State and Zip Code	
	meganstortstutoring@gmail		
	E-mail address: (to be used for future annual report n	iotification)
For further information of	oncerning this matter, please c	all:	
Megan Storts		863 832-0378 at ()	
Name e	f Person	Area Code Days	time Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration ! Division of C	
P.O. Box 632			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Megan Storts Tutoring LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8/10/2021	and assigned
florida document number 1.21000359899		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ty Company," the designation "LLC" or the	ne albenoiation L.L.C."
Enter new principal offices address, if applicable:	·	Tì
Principal office address MUST BE A STREET ADDRESS)		ASSEED TO
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		H 4: 27
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter the r</u>	name of the new register
gent andor the new registered office address here.		
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
MGR	Megan Storts	3037 Edwards Peace Drive	≣ Add
		Wauchula, Fl. 33873	Remove
AMBR	ABR Danielle Storts	120 W Orange Street	
		Wauchula, FL 33873	□Remove
			= Change
			□ Add
			□Remove
			□Add
			□Remove
			∐Change
			⊡Change
			□Add
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Filing Fee: \$25.00