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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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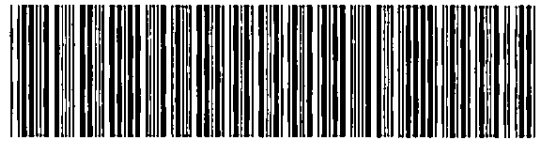
(Business Entity Name)

(Document Number)

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2022 JUL 18 AM 7:23
TALLAHASSEE, FLORIDA

OCT 19 2022

J. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEAL THE DEAL NCLEX REVIEW, 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:

REV BEATRICE CAYO, owner/President/CEO/MGR/
Name of Person AMBR

STEAL THE DEAL NCLEX REVIEW, LLC
Firm/Company

Office Address: 3951 N. HAVERHILL RD SUITES 203 & 219 West Palm Beach, FL
Mailing Address: 10 Walnut Court
Address

Leominster, MA 01453
City/State and Zip Code

univtabernacleshiloh@gmail.com or
E-mail address: (to be used for future annual report notification)

docfequi2009@gmail.com

For further information concerning this matter, please call:

REV. BEATRICE CAYO, owner/President/CEO/MGR/AMBR
Name of Person at (339) 440-7335 or (774) 615-9546
Area Code Daytime Telephone Number

OR DR JUNIOR BERNARD FEQUIERE, MD, DBCYN, CO-OWNER/COO/MGR/AMBR

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

STEAL THE DEAL NCLEX REVIEW, 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 10/14/2001 and assigned Florida document number L21000449360.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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> |
|----------------------|----------------------------|--|--|
| CO-OWNER/ COO/MGR | DR JUNIOR BERNARD FEQUIERE | 3951 N HAVERHILL RD SUITES 203 & 219 West Palm Beach, FL 33417 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DR JUNIOR BERNARD FEQUIERE | 3951 N HAVERHILL RD SUITES 203 & 219 West Palm Beach FL 33417 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
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[illegible]

(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.

07/14/2022

Rev Beatrice Cayo
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

REV. BEATRICE CAYO
Typed or printed name of signee

Typed or printed name of signee

2022 JUL 18 AM 7:28
FILE NAME: E.FLOIDA