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(Re	equestor's Name)	
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations				
SUBJECT: Tutors At	Home LL(
SUBJECT:TVTO(5_TT	Name of Limited I	,		
The enclosed Articles of Amendment and	fee(s) are submitte	ed for filing.		
Please return all correspondence concern	ng this matter to th	e following:		
Ver	ronica M	Hurtado Name of Person	Uribe	_
Tuto	ors At Ho	Firm/Company		_
623	7 SW 22	ncl C+ Address	71.	_
M	rumai, Fi	33023 ity/State and Zip Code		_
	roxhur + 89 E-mail address: (to be	6 hotmail. C	ort notification)	
For further information concerning this n	natter, please call:			
Veronica M Hurtado Name of Person	<u>Jribe</u>	at (<u>786</u>) 6	1706 81 Daytime Telephone Numb	er
Enclosed is a check for the following am	ount:			
∑ \$25.00 Filing Fee ☐ \$30.00 Fi Certifica	ting Fee & Cate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)
Mailing Address: Registration Section		-	on Section	
Division of Corporations		חוסופועום	of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Flo	orida Limited Liability Company)	,		
The Articles of Organization for this Limited Liability Florida document number <u>L 21000 4615 7-5</u> This amendment is submitted to amend the following		24/2021	and assigned	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:			
The new name must be distinguishable and contain the words "		_	•	-
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	6237 su Dress) Myamar	1 22 nd TI 33	023	- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			P	- - -
B. If amending the registered agent and/or registe agent and/or the new registered office address her	<u>:e</u> :	<u> </u>	ne of the new register	ered
Name of New Registered Agent:	Veronica M Hur-	tado Uri	be	_
New Registered Office Address:	6237 SW 22nd Enter Florida st	T		_
	Mircimal	, Florida	33023 Zip Code	-
New Registered Agent's Signature if changing Regist.	ered Agent:			

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>	Name	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□Change
			Remove
			Change
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fecti	e date, if other than the date of filing:(optional)	
an eff ote:	ive 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 605.03 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	207 - l as 1
ecore	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	he
ited _	11/01/2021.	
	Signature of a member or authorized representative of a member	
	Veronica Hurtado Typed or printed name of signee	