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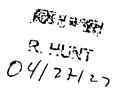
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Se Division of Co			
	MY PATH	ACADEMY LLC		
SUBJE	CT:			
		Name of Lim	ited Liability Company	<b>&gt;</b>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Dennis Gonzalez		
			Name of Person	
		MY PATH ACADEMY LI	<u>,('</u>	
			Firm/Company	
		1032 Willa Lake Circle		
			Address	
		Oviedo, Florida 32765		
		dennisgonzbiz@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For furt	her information c	concerning this matter, please co	all:	
Dennis	Gonzalez		786 930-5284	
	<b>\\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	.cn	at ()	ne Telephone Number
	Name c	of Person	Area Code Daytin	ie Telephone Number
Enclose	d is a check for t	he following amount:		
<b>≡</b> \$2.5	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	Mailing Addres	ss:	Street Address:	
	Registration :	Section	Registration Se	
	Division of C	•	Division of Co The Centre of T	-
	P.O. Box 632	<u>.</u> 1	THE CERTIC OLD	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

assigned
·L.L.C."
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177

## 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>	Address	Type of Action
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			Change
		<del></del>	□Add
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and s block does not r	d cannot be prior t meet the applica	to date of filing or	more than 90 days	after filing.) Pursuan	to 605.0207 ( be listed as t
e record specifies a delayed effe rd is filed.	ctive date, but not	t an effective tii	ne. at 12:01 a.m	, on the earlier $\epsilon$	of: (b) The 90th da	y after the
April 21		2023				
April 21 Dated  Dennis Gonzalez	Danis	W		o of a mambar		
	Signature of &	anember or autho	rizea representativ	e or a member		

Filing Fee: \$25.00