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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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S. ROBERTS JUN 2 3 2023

COVER LETTER

The Sankofa Literacy Center LLC SUBJECT: 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: Sandi M Anderson Name of Person The Sankofa Literacy Center LLC Firm/Company P.O. Box 12621 Address Tallahassee, FL 32317 City/State and Zip Code s.smith_anderson@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 850 Sandi M. Anderson 212-6308 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

| The Sankofa Literacy Center LLC | | |
|---|---|---|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records. Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The Sankofa Literacy Arts Center LLC | | 70 |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1575 Paul Russell Road | |
| (Principal office address MUST BE A STREET ADDRESS) | Tallahassee, FL 32301 | |
| Trincipui office address MOST BL A STREET ADDRESS | | |
| | | ÷ |
| Enter new mailing address, if applicable: | Post Office Box 12621 | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | Tallahassee, FL 32317 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter th | ne name of the new regis |
| Name of New Registered Agent: | | • |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | |
| | , Flor | ida |

company has been notified in writing of this change.

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

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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| | | | □ Remove |
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Typed or printed name of signee