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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Se Division of Cor		•		
School Fou	ır, Inc.		•	
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:		
	Guy M. DiVosta			
		Name of Person		
	School Four, LLC			
		Firm/Company		
	2523 Burns Road		;	2323
		Address		
	Palm Beach Gardens, Flor	ida 33410		·
	· · · · · · ·	City/State and Zip Code		<u>.</u>
	theonlyguy@aol.com			Ç:
For further information of	E-mail address: ( concerning this matter, please co	to be used for future annual report notifiall:	fication)	- U
Jack B. Owen, Jr., Esq.		561 622-4521		
Name o	f Person	Area Code Daytime	e Telephone Number	<del></del>
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)	Certified C	of Status &
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Cor		
P O Roy 632		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

School Four, Inc.	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{10}{1000}$	/19/2022 and assigned
lorida document number L22000451042	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company he	ere:
School Four, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
The part office address MOST BE 715THEE1 7155HEESO	
	رى
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	့် ငှာ
·	<u> </u>
	ţ
B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:  Name of New Registered Agent:	ecords, enter the name of the new regist
Naw Basistarad Office Address:	
New Registered Office Address:  Enter Flor	ida 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>	Address	Type of Action
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			□Remove
			Change
			□Add
			□Remove
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ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or monete: If the date inserted in this block does not meet the applicable statutory filing		
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th	h day after th
is filed.		
ted April 10 2023		
ted $\frac{April}{2}$ . $\frac{2023}{2}$		
Live & War Ayent		

Filing Fee: \$25.00