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2023 PEC - 1 AM 10: 20

FO: Registration Sec Division of Corp			
SUBJECT:		Me 19 LLC	ı <del>.</del>
			!
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Philip	Sanabria Name of Person	<del>,</del>
		Firm/Company	<del></del>
	324 0	Dakland Cir Address	<del></del>
	Et. Wa	Iton Beach, F City/State and Zip Code	-L 32548
	Philoan E-mail address: (	to be used for future annual report notif	fication)
or further information co	ncerning this matter, please c	all:	
Phil San Name of	<u>Abrica</u> Person	at (S\)   WSG-	e Telephone Number
nclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

COVER LETTER

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

School N	nc 19 LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 12/14/2022 and assigned		
Torida document number <u>L2200052767</u> 9			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabili	ity 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)			
Inter new mailing address, if applicable:	1		
Mailing address MAY BE A POST OFFICE BOX)			
mailing undress may be a tost of free bong			
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registe		
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·		
·			
Name of New Registered Agent:			
N. D. S. A. and C. C. A. Harman			
New Registered Office Address:	Enter Florida street address		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with		

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

or removed from	om our records:	MINUTECU IV MAN	age, <u>enter tne tn</u>	ne, name, and addies	<u>o or each pe</u>	150H DEINE HOUSE
MGR = Man						
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			32548			_ Change
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amen	ding any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)
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an effection   11	e date, if other than the dative date is listed, the date must be the date inserted in this block at's effective date on the Depa	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 c does not meet the applicable statutory filing requirements, this date will not be listed a
record is file	-	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	27 Novemal	ben . 2003.  Silver of a member of authorized representative of a member
	F	Wilip SANABRIA Typed or printed name of signee

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