## L230000件1419

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## **COVER LETTER**

	Registration S Division of Co			٠	
eum ilez		Empowered Learning Studio, L	LC		
SUBJEC	.1:	Name of Lim	ited Liability Company		
		f Amendment and fee(s) are sub- ondence concerning this matter			
		Kelly Ann DeAngelis-Tyr	e		
		·	Name of Person		
		Education Empowered Lea	aming Studio, LLC		
		<del></del>	Firm/Company		
		2155 Golden Meadow Wa	y		
				20 Si	
		Bartow, FL 33830			23 FI 161. ALL
			City/State and Zip Code		EB 2
		educmpowered@outlook.co			3 
For furth	er information	E-mail address: ( concerning this matter, please ca	to be used for future annual report notificall:	cation)	2023 FEB 23 PH 3: 27
Kelly A	nn DeAngelis-T	Tyre	352 238-1012		?7 [E
	Name	of Person	at () Area Code Daytime 1	Telephone Number	
Enclosed	l is a check for t	the following amount:			
■ \$25.00 Filing Fee			(additional copy is enclosed) Certified		Status &
	Mailing Addre Registration Division of C P.O. Box 63	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Education Empowered Learning Studio, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability Compan	y were filed on 01/23/2023	and assigned
Florida document number 1.23000041419		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	ility 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)	<u> </u>	<u> </u>
		75° 23
Enter new mailing address, if applicable:		ν
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
		27 ATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter (	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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
AR	Rosalind Marie DeAngelis-Tyre	2155 Golden Meadow Way, Bartow, FL 33830	□Add
			■Remove
			□Change
AMBR	Kelly Ann DeAngelis-Tyre	2155 Golden Meadow Way, Bartow FL 33830	<b>=</b> Add
			artow, FL 33830  Remove  Change  Add  Remove  Change  Change  Change  Change  Change  Add  Remove  Change  Add  Remove  Change
			Change
·		( ) (c) (d)	TREmove
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ective date, if other than effective date is listed, the date: If the date inserted in trument's effective date on t	e must be specific and cann its block does not meet t	not be prior to date of filing the applicable statutory	g or more than 90 days after.	filing.) Pursuant to 605.03	207 as
cord specifies a delayed eff s filed.	ective date, but not an e	ffective time, at 12:01	a.m. on the earlier of: (b	The 90th day after t	he
February 17th	20	)23			
	Ly Cun I	Dear or authorized represer	in -Tynu talive of a member	2023 FE	
Ke	Ly Cun I Signature of a member 114 Ann D	eAngelis-	-Tyre	TEB 23 PH 3: 2:	
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