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COVER LETTER Registration Section Division of Corporations Touch A Mind treschool LLC enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Myara Jefferson Teach A Heart: Touch A Mind Presched LLC 1790 M L King Blud. Address Midway, FL 33343 Chystine and Zip Code My ara 850 jefferson @ Mafrey Com E-mail address to be used for tuture africal report notification) arther information concerning this matter, please call: Myrra Jeffer Son at (850) 209-05/5 Name of Person Daytime Telephone Number sed is a check for the following amount: \$60.00 Filing Fee, □ \$55.00 Filing Fee & <25.00 Filing Fee. ☐ \$30.00 Filling Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed). Certified Copy (additional copy is enclosed)

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

TO ARTICLES OF ORGANIZATION OF

Teach A Heart Touch	A Mind Preschool LLC
(<u>Name of the Limited Liability</u> (A Florida I	y Company as it new appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2300047730</u> This amendment is submitted to amend the following:	ompany were filed on <u>January 35, 2023</u> and as:
l A. If amending name, <u>enter the new name of the limit</u>	 <u>ted liability company here</u> :
Touch A Heart Teach A Lithe new name must be distinguishable and contain the words "Limit	lind Preschool LLC led Liability Company," the designation "LLC" or the abbreviation "L.I
Enter new principal offices address, if applicable:	1790 M L King Blvd. BSS) Midway, FL 32343
(Principal office address MUST BE A STREET ADDRI	<u>ESS) 1478Wild, FZ 52543</u>
	1701 - 111 - 12: 01 - 1
Enter new mailing address, if applicable:	1790 M L King Blvd. Midway, FL 32343
(Mailing address MAY BE A POST OFFICE BOX)	Midway, FL 30373
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new r
N. CN. D. CA. J. A	
Name of New Registered Agent:	Ţ.
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply womplete performance of my duties, and I am familiar with an entern as provided for in Chapter 605, F.S. Or, if this document doffice address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

	lanager Authorized Member		
y	<u>Name</u>	Address	Type of Ac
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f an effe	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
<u>Note:</u> docume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
ine	T : 12
	tebrijary 13 . 2003]
	February 13 . 20231.
	M
	Signature of a member or authorized representative of a member Myara Jefferson Typed or printed name of signee

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