L23000064406

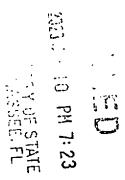
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duniage Fakh, Marra)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

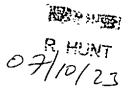
Office Use Only



800411667628

07/10/23--01019--023 **25.00







IMPORTANT NOTICE



PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY = 5 & S ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Thursday, June 29, 2023

SENT VIA USPS

THE ED

TO PH 7:20

TAY OF STATE

TAY NAMES FOR STATE

TO ANASSEE. FL

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: G&R NURSING TUTORING & STATE BOARD SOLUTIONS,

LLC

We have included payment in the amount of \$25,00 for the following fees:

Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G&R NURSING TUTORING & STATE BOARD SOLUTIONS, LLC

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:

	Corpora	ate Maintenand	ce Lead			
		Name of Person	<u> </u>		-	
	Proc	essing Departr	ment	,; · 5	-	
	1	450 Vassar S	St &	() () () () () () () () () ()	*	
		Address Reno, NV 89502	כי ט מ מ מ	D PK 7:		
		-				
For further information cor	E-mail address: (i	to be used for future annual r	report notification)			
Processir	ng Department	_{at (} 800) 63	8-2320			
Name of Person		Area Code	Daytime Telepho	one Number	•	
Enclosed is a check for the	following amount:					
☑ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G&R NURSING TUTORING & STATE BOARD SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L23000064406		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the desig	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS,)	
		557 - 171
Enter new mailing address, if applicable:		FL 2
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of New Registered Agent:		ur records, <u>enter the name of the n</u>
registered agent and/or the new registered office address I Name of New Registered Agent:		ur records, <u>enter the name of the n</u>
registered agent and/or the new registered office address b	<u>nere</u> :	ur records, enter the name of the new street address
registered agent and/or the new registered office address I Name of New Registered Agent:	<u>nere</u> :	street address
registered agent and/or the new registered office address I Name of New Registered Agent:	<u>nere</u> :	

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUY SYNDIC	13730 Ne 11Th Ave	Add
		Miami. FL 33161	
			Change
MGR	Roseme Syndic Louido	_13730 Ne_11Th Ave	
		Miami, FL 33161	Remove
		 	Change
MGR_	Roseme Syndic Louidor	13730 Ne 11Th Ave	
		Miami, FL 33161	Remove
			Change
			Add .
			Remove
			Remove SEE, FILE Change
	-	 	Add
			Remove
			☐ Change
			☐ Remove
			Change

										_	
											
											
			·- ·-			<u>.</u>					
									·-		
		_		-							
-											
					-					76	
										2.57 2.5- 2.5-	
				_					P // E 7/ P //	10	: :-4*
									9 (유무 (미 (~)	PH	<u>(</u>
				_						7: 2 ¹	
			NI/A								
Effective date, if other the (It'an effective date is listed, the Note: It'the date inserted it document's effective date of	n this block o	loes not i	meet the a	ipplicable			i 90 days afte				
the record specifies a copy of the 90th day after t				ut not a	n effectiv	ve time,	at 12:01	a.m. on	the e	arlier	of:
Dated June 29			202	23							
			5		 .	_					
				-	,	ative of a m					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00