

L23000108000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

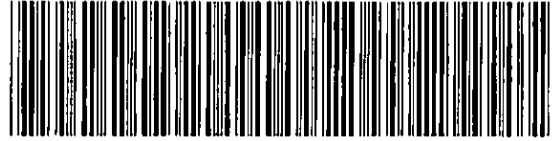
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section,  
Division of Corporations

SUBJECT: Riddles + Rhymes Academy  
Name of Limited Liability Company

The enclosed Article(s) of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Padula  
Name of Person

Riddles + Rhymes Academy  
Firm/Company

1171 New London St  
Address

North Port FL 34288  
City, State and Zip Code

Kathys@riddlesrhymesacademy.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Padula at ( 941 ) 335-4622  
Name of Person Area Code Daytime Telephone Number

Enclosed 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)

☐ \$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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Riddles & Rhymes Academy LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03-01-2023 and assigned Florida document number 92-2617741.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be in English and contain the words "Limited Liability 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)

2555 N Toledo Blade Blvd  
North Port FL 34289

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2555 N Toledo Blade Blvd  
North Port FL 34289

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept my appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of this act relative to the proper and complete performance of my duties, and I am familiar with and accept the duties of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to effect a change in the registered office address, I hereby confirm that the limited liability company is in compliance with the provisions of this act.*

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>    | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|----------------|---------------------|--------------------------------------------|
| MGR          | Ashley Padula  | 1171 New London St  | <input type="checkbox"/> Add               |
|              |                | North Port FL 34288 | <input type="checkbox"/> Remove            |
|              |                |                     | <input checked="" type="checkbox"/> Change |
| MGR          | Kathy Saunders | 200 King Palm Ct    | <input checked="" type="checkbox"/> Add    |
|              |                | Venice FL 34292     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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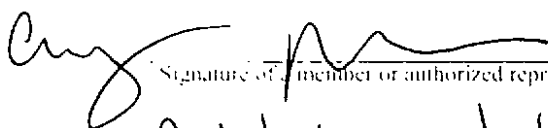
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(This date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date of filing on the Department of State's records.

If the filing is not an effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the receipt of the filing.

Date: June 12, 2023.



Signature of a member or authorized representative of a member

ASHLEY PADULA  
Typed or printed name of signer

Filing Fee: \$25.00