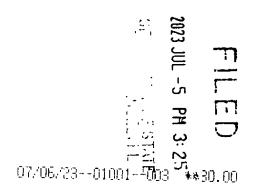
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
subject: <u>Po</u>	He Vedra Speniar Name of Lim	ech Language and ited Liability Company	Learning LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sonys	Olsen Name of Person	
		Firm/Company	
	171 Sum	mer Mesa Ave	
	Porte Vedro	FL 3208 (City/State and Zip Code	<u> </u>
For further information c	E-mail address: (to be used for future annual report not all:	ineation)
		ar (
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	•	Division of Col The Centre of	•
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nocatee Speech Land (Name of the Limited Liability (A Florida)	gange and Lear	ning LLC	
(A Florida)	Limited Liability Company)	M var jett or a.s. /	
The Articles of Organization for this Limited Liability Co	ompany were filed on 💯	me 19, 2023	and assigned
Florida document number <u>L 2 3000 29 306 5</u>	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	:	
Porte Vedra Speech Language The new name must be distinguishable and contain the words "Limit	and Learning led Liability Company." the desi	gnation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		20:
		- F 1	23 = 71
		٠.	1
Enter new mailing address, if applicable:			7 111
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	_
			<u>ي</u> 25
	OT 1.1	· ਜ	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	i street address	
		Florida	
	City	2.	ip 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:

or remov	ed from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Remove
			□Change
			□Add
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fecti	ve date, if other than the date of filing:
an effe	ective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is tīl	ed.
	T 1 5 2022
ated .	July 5 . 2023.
	Some Ober
	Signature of a member or authorized representative of a member
	Sonya Olsen Typed or printed name of signee