

L230000294599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

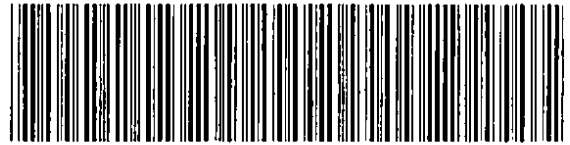
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP - 1 2023

Office Use Only



200413199382

08/04/23--01008--004 *\$25.00

FILED
23 AUG - 4 PM 1:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teacher's Touch 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:

Kelly K. Veatch
Name of Person

Teacher's Touch LLC
Firm/Company

1544 SW Waterfall Blvd
Address

Palm City, FL 34990
City/State and Zip Code

teacherstouchkv@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly K. Veatch at (772) 285-6061
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Teacher's Touch, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
23 AUG-4 PM 1:01
CLERK OF CIRCUIT COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/19/2023 and assigned
Florida document number L23000294599

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 distinguishable 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)

Mgr. Kelly K. Veatch
1544 SW Waterfall
Bldg Palmcity, FL 3499

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Mgr. Kelly K. Veatch
1544 SW Waterfall Blvd
Palm City, Florida 34990
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.

Kelly K. Veatch
If Changing Registered Agent, Signature of New Registered Agent

MGR_i = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
Mgr.	Kelly ^{K.} Veatch	1544 SW waterfall	<input type="checkbox"/> Add
		BIRD Palm City, FL	<input type="checkbox"/> Remove
		34990	<input checked="" type="checkbox"/> Change
Mrs.	Kelly K. Veatch	1544 SW waterfall	<input type="checkbox"/> Add
		BIRD Palm City, FL	<input checked="" type="checkbox"/> Remove
		34990	<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

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

When I originally submitted paper work I called myself Mrs. and not 'Manager'. I should of called myself manager from the beginning.

Additionally, my EIN 93-1987113

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

(If an effective 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 605.0207 (3)(b)

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

If the record 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 record is filed.

Dated 2023 27 July.

Kelly K. Veatch

Signature of a member or authorized representative of a member

Kelly K. Veatch

Typed or printed name of signee