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Division of Corporations

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LIMONIA SCHOOL . . .

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COVER LETTER

TO: Registration Section Division of Corporations LIMONIA SCHOOL LLC SUBJECT: 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: ANDREW FILIMON Name of Person LIMONIA SCHOOL LLC Firm/Company 66 W FLAGLER ST900 Address MIAMI, FL 33130 City/State and Zip Code info@miaccounting.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDREW FILIMON Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fce Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

From; MADINA bahretdinova

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LIMONIA SCHOOL LLC	
(Name of the Limited Linb (A Flori	oilty Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L23000307226	Company were filed on 06/27/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	207
(Principal office address MUST BE A STREET ADI	NDECCI :
(Francipul Office dualiess 5105) Dis A STRIKE AM	•
Enter now mailing uddraes if applicables	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
maning same with DD / 11 OD 1 OT 11 OO	
agent and/or the new registered office address here Name of New Registered Agent:	red office address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address
	T21 o aird a
	City Florida Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the decomplete performance of my duties, and I am familiar with and lagent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability ge.
	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:

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IGR = Ma MBR = Au	th <u>orized</u> Member	Address	Type of Action
MBR	DMITRY KORCHAGIN	66 W FLAGI.ER ST900	
		MIAMI, FL 33130	
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From: MADINA bahretdinova

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fective date, if other than the date must be self-cetive date is listed, the date must bete. If the date inserted in this block current's effective date on the Department's	k does not meet the	e applicable sta	f filing or more than tutory filing requir	(optional) Odays after filing. ements, this date) Pursuant to 605 0207 will not be listed as
ecord specifies a delayed effective is filed.	date, but not an eff	ective time, at 1	2:01 a.m. on the c	ariicr of: (b) Th	e 90th day after the
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S	ignature of a member	r or authorized re	presentative of a mer	nber	**************************************
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