L23000 369 293

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Cartificat Capiton
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Filing error suffix 100
Filing error suffix LCC and should have been LLC.
the source oten LDC.
.0
U

.



FILED 2023 OCT - 2 PH 3: 35 ALL ALLANSE CLEDICE J.

Office Use Only

COVER LETTER

TO:	Registration Section
	Division of Corporations

Ivanka Learning Center, 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:

Yves F. Lexis

Name of Person

Ivanka Learning Center, LLC

Firm/Company

214 Lazio Cir.

Address

DeBary FL, 32713

City/State and Zip Code

yvesk2000@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yves F. Lexis	941	623-3855
	at ()	
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 &

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

2023 OCT -2 PH 3: 35 Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AM TO	ENDMENT
ARTICLES OF ORG	ANIZATION
OF	
IVANKA LEARNINC	<u>G</u> <u>CENTER</u> <u>LCC</u> <u>it now appears on our records.</u>) y Company)
(A Florida Limited Liabilit	
The Articles of Organization for this Limited Liability Company were 1.22 No. $21.6.202$	filed on 8778003 and assigned
Florida document number <u>L23000 369</u> 293	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability e	ompany here:
IVANKA LEAR NING CENTE The new name must be distinguishable and contain the words "Limited Liability Control of the second sec	ER, LLC
The new name must be distinguishable and contain the words "Limited Liability Co	mpany." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	rss on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Ziry Zip Code
New Registered Agent's Signature, if changing Registered Agent:	7 2023
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfo accept the obligations of my position as registered agent as provid being filed to merely reflect a change in the registered office addr company has been notified in writing of this change.	ormance of my duties, and I am f <u>ümili</u> ar with and, ded for in Chapter 605, F.S. Or <i>Affilits</i> d oe ument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

. .

Title	Name	Address	Type of Action
		,,,,,	🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			⊡Remove
			🗌 Change
			🗆 Add
			🗆 Remove
		<u></u>	□Change
			🗆 Adj
		<u> </u>	🗆 Remove
			\sim
			Rembvel بي ع ک Change
			⊡∧dd
			🗆 Remove
			□Change

	· · ·
· · · · · · · · · · · · · · · · · · ·	
	······································
	···· ····· ···························
· · · · · · · · · · · · · · · ·	

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

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

 Note:
 is success

 document's effective date on the Department or out.

 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 second specified.

 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 second specified.

Dated 9/23/2023		HASS	- TCT	
	Signature of a member or authorized representative of a member		2 PM	
	Yves F. Lexis	<u>+:</u> :	ဒ္ ဒာ	\bigcirc
<u> </u>	Typed or printed name of signce		_	