

L23 000434077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

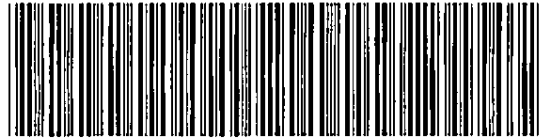
(Document Number)

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FILED
24 FEB -5 AM 10:28
FEB 21 2024
J. HORNE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Montessori Egyptian Center, 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:

Aida Saba Cavooris

Name of Person

Firm/Company

5834 NW Arley Court

Address

Port Saint Lucie, FL 34986

City/State and Zip Code

Aida@Cavoorislaw.com

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

For further information concerning this matter, please call:

Aida Saba Cavooris

631

332-7542

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 &
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**

Montessori Egyptian Center, LLC

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

FILED
24 FEB -5 AM 10:30
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/18/2023 and assigned
Florida document number L23000434077.

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:

5834NW Arley Court

(Principal office address MUST BE A STREET ADDRESS)

Port Saint Lucie

Florida 34986

Enter new mailing address, if applicable:

5834 NW Arley Court

(Mailing address MAY BE A POST OFFICE BOX)

Port Saint Lucie

Florida 34986

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 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 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	The Law Offices of Aida Saba Cav	201 S. 2nd Street, Suite 205, Fort Pierce, FL 34950	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aida Saba Cavoris	5834 NW Arley Court, Port Saint Lucie, FL 34986	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Address of LLC is: 5834 NW Arley Court, Port Saint Lucie, FL 34986

MGR needs to be changed from The Law Offices of Aida Saba Cavooris, PLLC to

MGR Aida Saba Cavooris

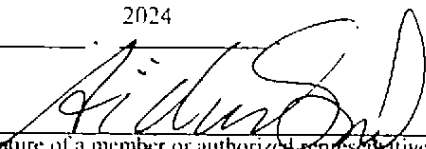
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 January 30th 2024



Signature of a member or authorized representative of a member

Aida Saba Cavooris

Typed or printed name of signee