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Office Use Only



11/27/23--81051--004 **25.00



COVER LETTER

	Registration Se Division of Co			
SUBJEC	Andria Dal	ley Homework Center LLC		
SUBJEC	·li <u></u>	Name of Lin	mited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	r to the following:	
		Andria Simone Murray Da	aley	
			Name of Person	
		Andria Daley Homework	Center LLC	
			Firm/Company	
		1241 NW 105 Avenue		
			Address	
	Plantation Florida, 33322			
			City/State and Zip Code	
		info@adafterschool.com		
		E-mail address: ((to be used for future annual report notification)	
For furthe	er information c	oncerning this matter, please c	eall:	
Andria Simone Murray Daley			(to be used for future annual report notification) call: 571 6419459 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed:	is a check for th	ne following amount:		
≅ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
F	Mailing Addres Registration S	Section	Street Address: Registration Section	
	Division of C P.O. Box 632		Division of Corporations	
	7.0. Box 632 Fallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andria Daley Homework Center I			
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	 -
The Articles of Organization for this Limited I	Liability Company were filed on	October 2, 2023	and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			7024 10
(Mailing address MAY BE A POST OFFICE	<u> </u>		$\frac{1}{\omega}$ $\frac{\omega}{\omega}$
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on ou	r records, enter the nan	TO S
Name of New Registered Agent:	Andria Simone Murray Daley		
New Registered Office Address:	1241 NW105 AVS Enter	NUS Florida street address	
	PLANTITION City	, Florida	333,22 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>	Address	Type of Action
			□Add
			□Remove
			Change
		W	□Add
			Remove
			□Change
····			□Add
			Remove Change
			Change Addr
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			□Remove
			□Change

	
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the transfer of the transfer of	
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or m. If the date inserted in this block does not meet the applicable statutory filinment's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. led.	on the earlier of: (b) The 90th day
11/21/2023. Signature of a member or authorized representative	
rolle les	
Signature of a member or authorized representative	of a member

Filing Fee: \$25.00