

L24 000 035 969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

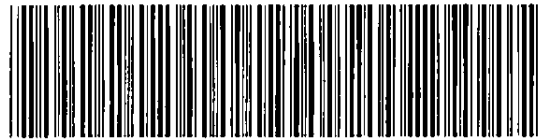
(Business Entity Name)

(Document Number)

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200435948272  
08/05/04 09:00:00  
01/01/05 09:00:00

Jaimie Clement  
5020 Cedar Leaf Circle #80  
Palmetto, FL, 34221  
Jaimie-Clement@hotmail.com  
813-381-2581  
08/28/24

**Subject:** Request to Remove Name from Registered Business –  
Elements of Growth Academy.

To whom it may concern,  
I hope this letter finds you well. My name is Jaimie Clement,  
and I am writing to formally request the removal of the name  
“Shaquem Griffin” from the registration of my business,  
Elements of Growth Academy.

As the co-founder of Elements of Growth Academy, my partner,  
Shaquem Griffin has recently decided to step back from his  
involvement with the business. Therefore, I would like to update  
the business registration to reflect that I will be the sole  
proprietor of Elements of Growth Academy moving forward.  
This will greatly help me in moving forward with creating all  
other appropriate opportunities for my business.

I am available to provide any further information necessary to  
facilitate this request.

Thank you for your prompt attention to this matter. I look  
forward to your confirmation of the changes.

Sincerely,  
Jaimie Clement

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELEMENTS OF GROWTH ACADEMY  
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:

JAMIE CLEMENT  
Name of Person

ELEMENTS OF GROWTH ACADEMY  
Firm/Company

7420 20<sup>TH</sup> AVE NW  
Address

BRADENTON FL 34209  
City/State and Zip Code

ELEMENTSOFGROWTHACADEMY@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIE CLEMENT at ( 813 ) 381-2561  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

## ELEMENTS OF GROWTH ACADEMY

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

The Articles of Organization for this Limited Liability Company were filed on 01/18/24 and assigned Florida document number 624000035469.

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)**

**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:**

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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

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(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)

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 08/28/24, \_\_\_\_\_

Signature of a member or authorized representative of a member

Jaime CLEMENT

Typed or printed name of signee

**Filing Fee: \$25.00**