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((H24000301948 3)))



H240003019483ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX LINKS CONSULTANTS LLC
Account Number : I2022000146
Phone : (407)270-4846
Fax Number : (407)270-4846

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2024 SEP -5 PM 12:45

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

APOPKA CHILD ACADEMY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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SEP - 6 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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APOPKA CHILD ACADEMY LLC

(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 02/23/2024 and assigned
Florida document number 1.240000206053.

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 "LLC"

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: CAMILA NEIRA

New Registered Office Address: 170 EAST MAGNOLIA ST

Enter Florida street address

APOPKA

City

Florida 32703

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.

Camila Neira
If Changing Registered Agent, Signature of New Registered Agent

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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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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CAMILA SEIKA	170 EAST MAGNOLIA ST	☒ Add
		APOPKA, FL 32703	☐ Remove
			☐ Change
MGR	APOPKA CHILD DEVELOPMEN	170 EAST MAGNOLIA ST	☐ Add
		APOPKA, FL 32703	☒ Remove
			☐ Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

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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 505.0207 (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 AUGUST 28TH 2024

Camilo Nino

Signature of a member or authorized representative of a member

CAMILA NEIRA

Typed or printed name of signer

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Filing Fee: \$25.00