## 124000157406

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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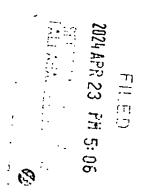




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# TO: Registration Section Division of Corporations SUBJECT: Tucker Teaching (Change of Name to Name of Limited Liability Company) Tucker Tutoring LLC) The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Renée Tucker Name of Person Tucker Tutoring LLC Finn/Company 2 River Chase Terrace Address PBG, FL 33418

For further information concerning this matter, please call:

Renée	Tucker	at ( S6 i )	307-1965
Nam	e of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the	ie 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:

S P g Mail . Com
(to be used for future annual report notification)

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

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L24000[57406]}$ .	were filed on $April 2, 2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Tucker Tutoring LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the appreciation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2 River Chase France PBG, FL 33418 20 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 River Chase Termace PBG, FL 3341
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe
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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_ □Remove

\_\_\_\_\_ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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If an effect Note: If	ive date is li the date in	sted, the dat serted in th	the date of e must be specifies block does he Departmen	ic and can not meet	the applic	able stati	itory filin	ore than 90 g requirem	(option days after fi ents, this c	ling.) Pursuar	nt to 605.0207 ( be listed as t
e record s rd is filed		delayed eft	ective date, bu	t not an	effective t	ime. at 12	:01 a.m. o	on the earl	ier of: (b)	The 90th d	ay after the
Dated	_A	oril	19	<u></u>	2024	<u>/</u> .					
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Filing Fee: \$25.00