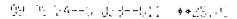
L24000195902

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

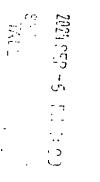
Office Use Only



400435225944







COVER LETTER

TO:	Registration Se Division of Cor		
		scimus LLC	
SUBJE	ECT:		
001101			ited Liability Company
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspo	ndence concerning this matter	to the following:
		Ashley Taube-Mulinix	
		· · ·	Name of Person
		Docendo Discimus LLC	
			Firm/Company
		25195 Palisade Road	
			Address
		Punta Gorda, FL 33983	
			City/State and Zip Code
		ccashleytm@gmail.com	
		E-mail address: (to be used for future annual report notification)
For fur	ther information co	oncerning this matter, please co	all:
Ashley	Taube-Mulinix		941 806-8106
		200	at ()
	Name of	t Person	Area Code Daytime Telephone Number
Enclos	ed is a check for th	ne following amount:	
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	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

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our r d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number 1.24000195902	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility 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 agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street a	ddress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my dutie s provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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
MGR	Ashley Taube-Mulinix	25195 Palisade Road	
			= Add
		Punta Gorda, FL 33983	
			□Remove
			□Change
AMBR	Ashley Taube-Mulinix	25195 Palisade Road	
			🔂 Add
		Punta Gorda, FL 33983	
			🗆 Remove
			□Change
			•
			□Add
			□Remove
			_
			□Change
			🗀 Add
			
			□Remove
			Change
			□Add
			□ Λαα
			□Remove
		<u> </u>	ZP Change
		-	Change
			bba
			∐Add
			🗖 Remove
		•	
			□ Change

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