L25000044894

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER -

TO: Registration Se Division of Cor					
LEANING SUBJECT:	G PORTAL CENTER, LLC				
SUBJECT.					
	Amendment and fee(s) are sub	-			
	Gotham Polisetty	-			
		Name of Person			
		Firm/Company			
2150 Old Barn Rd					
	Ponte Vedra Beach/FL/320	Address 082			
	gothamp@hotmnail.com	City/State and Zip Code		2025 SEC	
		to be used for future annual report notifica	ation)	2025 FEB - SECRETAI TALLAH	
	oncerning this matter, please c			芸芸	
Gotham Polisety Name o	of Person	414 791-1608 at () Area Code Daytime T	elephone Number	125 FEB -7 PH 3: 07 ECRETARY OF STATE TALLAHASSEE, FL	Ö
Enclosed is a check for the	he following amount:			ובו	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	

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

LEANING FOR FAIL CENTER, LLC			
(Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L25000044894	ompany were filed on January 27, 2025	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
LEARNING PORTAL CENTER, LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	abbreviation "L.L	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
		3ECR	771
Enter new mailing address, if applicable:			13
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			P : : : :
		EST	رب ي
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the na</u>	me of the new	registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	<u> </u>	
	, Florida		
	City , Fiorida	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 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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□ Change
			□Remove
			□ Change
			TALLAHASS
			Add 2025 FEBB -7 SEM 3: 07 SECTED TAIL AHASSEE, FL.
			□ Change
			□Add
			□Remove
		 	⊡Change
			□Add
			□ Remove
			⊡Change

Typed or printed name of signee