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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		•		
cus mar	Circularity	Nomad Group, LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	i aii correspo	ndence concerning this matter	to the following:			
		Steven R Pribramsky				
	Name of Person					
	Pribramsky & Company, CPAs					
	Firm/Company					
		81990 Overseas Hwy Suite 202				
			Address	 -		
	Islamorada, FL 33036					
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		steven@pribramskycpa.com				
		E-mail address: ()	to be used for future annual report no	tification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Steven R Pribramsky		305 294-8137				
Name of Person		Area Code Dayti	me Telephone Number			
Enclosed is a	i check for th	ne following amount:				
□ \$25.00 I	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)		
	iling Addres gistration S		Street Address: Registration S	ection		
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327		The Centre of	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Circularity Nomao	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	ability Company were filed on December 3, 2004	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
WorldSchooling, LLC		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office address on our records, enter the r	SS COSTAL FOR STATE OF THE D
Name of New Registered Agent:		
New Registered Office Address:	· 	
	Enter Florida street address	
	Florida	1 Zip Code
	City	гір Соае

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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
		.	□Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
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			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			🗆 Remove
			□ Change

Typed or printed name of signee