17000003642

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
)	Office Use On	lv



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DIVISION OF CORPORATIONS

22 MAR 11 PM 3: 02

T. MATTHEWS MAY - 4 2022



RECEIVED

2022 MAR || AM ||: 34

FLORIDA DEPARTMENT OF STATERLIAN OF SHARE TALLAHASSEE, FL Division of Corporations

February 16, 2022

ROBERT JOAQUIN WILLIS 15301 NE 5TH CT MIAMI, FL 33162

SUBJECT: WILLIS EDUCATIONAL DEVELOPMENT LLC

Ref. Number: L17000003642

We have received your document for WILLIS EDUCATIONAL DEVELOPMENT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews **OPS**

Letter Number: 722A00003784

Note:

I am not changing registered agent. Please signed capy of theth signature on page 2

COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: WILLIS EDUCATIONAL DEVElopment Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Robert Joaquin Willis
Willis Educational Development LC
1580 NE 5th Ct-
City/State and Zip Code VIJOAULY WILL E-mail address: (to be used for future unnual report notification)
For further information concerning this matter, please call:
HET Ceretified Public Acct. & at (954) 966-4435 Nume of Person Com Students in Code Daytime Telephone Number The Code Daytime Telephone Number of Person Com Students in Code Daytime Telephone Number
Enclosed is a cheek for the following amount:
□ \$25.00 Filing Fee
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



22 MAR 11 PM 3: 02

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLS EDUC Same of the Limite		Develppe envisit now appears on our liability Company)	ut ILC records.)	
The Articles of Organization for this Limited Liz		were filed on 10 -1	22 - 2008 a	nd assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of \mathbb{N}/\mathbb{A}				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation	1 "LL.C" or the abbreviat	ion "L.I.,C."
Enter new principal offices address, if applica	ble:	<u> </u>		
(Principal office address MUST BE A STREE)	"ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	* <u>OX</u>)	N/A		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records,	enter the name of th	ne new registered
Name of New Registered Agent:			lic Account	3 & consultaits
New Registered Office Address:	3816 H	ply www Blvo Enter Florida street	1. Suite I	03.
	Holly	A	, Florida <u>33</u> //p	<u>07-1</u> 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.

A sort from the St. House St. D.

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
	NA		
et i			□Кетюче
	κ) j.		□Change
N/A	N/A		□Add
			□Remove
	. 1. :		Change
NIA	N/A		□Add
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N/A	N / .		□Change
	1º/A		□Add
			□Remove
	k\ / a		□Change
N/A	10/K		□Add
			Пкеточе
			□Change

	NA
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More: 11	te date, if other than the date of filing:
he record ord is filed	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 d.
Dated	Jeb 3, 2022
Dated	