

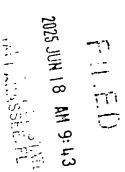
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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: N	ursing Ec	Mcaton Train ited Liability Company	ing Center
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Felici	à Meyers Name of Person	
	Nursing	Education Tr	aining Center
	401 MI	11s Ave Ste	В
	orlando	City/State and Zip Code	
		athe Gmail. c	on)
For further information c	oncerning this matter, please c	all:	
Feliag Name of	Meyers	at (407) 223 5 Area Code Daytime Tele	ephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 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 Addres Registration 9		Street Address: Registration Section	1
Division of Corporations		Division of Corpora	ntions
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, l	rt. <i>525</i> 14	2415 N. Monroe Str	reet. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F.L.E.D

Nursing Education Training Center, LLC		LUZO JUH 18 AM C
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco ida Limited Liability Company)	1020 JIJH 18 AM 9: 43
The Articles of Organization for this Limited Liability Florida document number 1.18000053297		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		·lorida
	Ciţv	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>	Name	Address	Type of Action
MGR	Ethroll Patterson	14042 Lake Underhill Road	
		Orlando, FL 32828	
			□ Change
AMBR	Tachai Patteron	14042 Lake Underhill Road	
		Orlando, FL 32828	
			□ Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			⊡∧dd
			Remove
			□ Change
			□Add
			□Remove
			□ Change

San Garage D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated June 13

2025.

201 a.m. on the earlier of: (b) The 90th day after of a member of a member of a member of a member Typed or printed name of signee