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## **COVER LETTER**

TO: Registration Sect Division of Corpo		i	
SUBJECT: MIMM	i Internation	ACCIDENT LI	LC.
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Gregory To Miami Inte	INGIL Name of Person YN HING ACAGE Firm/Company	emy LLC
	4343 NW M	Hh WE,	
	Miami, Fl	33142	
	MIMINEYN (1) E-mail address: (1)	City/State and Zip Code HDNU UCADEMY 4/2 to be used for future annual report hotific	<u>segm</u> al.com
For further information con	cerning this matter, please ca	ail:	
STELL Name of P	rerson	at ( <u>186)</u> <u>599-9 (</u> Area Code Daytime 1	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Migm Hern Hong Acade My LLC

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number 2000 154	bility Company were filed on MUCA 3,202 40	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the a	abbrevianon B.C.
Enter new principal offices address, if applicab	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>OX)</u>	
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	gistered office address on our records, enter the naise here:	me of the new registered  BBDDN  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 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

Title	Name	Address	Type of Action
MAR	Erregory Tunbil	16500 S.W. 374h Street	iAdd
			□Remove
			□Change
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	<del></del>
(It an effect Note: It	e date, if other than the date of filing: Detailed State of filing or hore than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
he record ord is file	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	March 3,2025 1:47pm
	Megory June Signature of a member or authorized representative of a member
	GYEGOYY TUISI  Typed or printed name of signee