## 12000094941

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## **COVER LETTER**

Division of Corporation	ons		
SUBJECT: <u>Advance</u>	Education 1.1 C. Name of Lim	Currently listed as Ar nited Liability Company	han Bent Iminjington LL
The enclosed Articles of Amend	ment and fee(s) are sub	omitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
	Drake	Name of Person	
	Advance o	Firm/Company	
	3233 Whoupne	Cane Run Address	
		3474 City/State and Zip Code	
	E-mail address: (	مراریم to be used for future annual report notifi	cation)
For further information concerni	ng this matter, please c	all:	
Name of Person	<del>.</del> .	at (321) 917 C Area Code Daytime	Telephone Number
Enclosed is a check for the follow	wing amount:		
	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)
Mailing Address: Registration Section	1	Street Address: Registration Sec	tion

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

TO:

**Registration Section** 

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

	1960 M. M. C.
Action Beat Imagination LLC	10 m 10 m
(Name of the Limited Liability Company as it now appears on o	our records.)
(A Florida Limited Liability Company)	

The Articles of Organization for this Limited Liability Company	y were filed on 04 01 2020 and assigned
Florida document number <u>L7 000094941</u> .	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Advance Education LLC. The new name must be distinguishable and contain the words "Limited Liabi	pility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	W/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Alja
•	address on our records, enter the name of the new registere
<del></del>	, Florida

## 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>	<u>Name</u>	Address	Type of Action
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