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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| .u≠ | | Wealth, LLC | | • . | | |
| SUBJECT | : | Name of Limited Liability Company | | | | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | | | |
| | | Bettina Tran, Esq. | | | | |
| | | | Name of Person | | | |
| | | That Legal Boss Babe, Att | omey at Law | | | |
| | | | Firm/Company | | | |
| | | 6900 Tavistock Lakes Blv | d., Suite 400 | | | |
| | | Address | | | | |
| | | Orlando, FL 32827 | | | | |
| | | | City/State and Zip Code | | | |
| | | info@thatlegalbossbabe.cor | n to be used for future annual report notif | ication) | | |
| For further | information co | oncerning this matter, please ca | • | | | |
| Bettina Tra | n, Esq. | | 407 369-4821 | | | |
| | Name of | f Person | Area Code Daytime | Telephone Number | | |
| Enclosed is | a check for th | ne following amount: | | | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | ailing Addres egistration S | | Street Address: Registration Sec | ction | | |

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vu Family Wealth, 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 Liability Company were filed on 05/18/2021 _ and assigned Florida document number L21000230133 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Learning Wealth Together, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, 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.

City

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 |
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| fective date, if other than the date of filing: | (antion all |
| in effective date is listed, the date must be specific and cannot be prior t | (optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0 |
| ote: If the date inserted in this block does not meet the application current's effective date on the Department of State's records. | ible statutory filing requirements, this date will not be listed |
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| ecord specifies a delayed effective date, but not an effective tin | ne, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| is filed. | (-,, |
| January 20 2027 | |
| ated January 20 2023 | |
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| Signature of a member or autho | |
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Filing Fee: \$25.00