da Department of State

Division of Corporations: Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name :: SORSHER & ASSOCIATES, LLC.

Phone : (954)842-2931

Fax Number

: (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACADEMY OF SEDUCTION AND MANIPULATION, L.L.C.

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COVER LETTER

TO: Registration Sect Division of Corpo	orations			The second se
SUBJECT: ACADEMY	OF SEDUCTION AND MAN			
SUBJECX:	Name of Limite	d Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.		
Please return all correspon	dence concerning this matter to	the following:		i de Transport
	SHERMAN, ALIIA			
	ACADEMY OF SEDUCTION	Name of Person ON AND MANIPUL	ATION, L.L.C.	
. • • •		Firm/Company	·	•
•	1199 S FEDERAL HWY., S	STE 111		<u>·</u>
· .	ξ.	(/ Y . Address : 1	1.11	
The second	BOCA RATON, FL 33432			·
a sa buta t	ALIIA@ALIIAROZA.COM E-mail address: (to	City/State and Zip Co	nual report notification)	
For further information co	ncerning this matter, please cal	11:		
SHERMAN, ALIIA	u se succession de la company	954	842-2931	
Name of	Person	Area Code	Daytime Telephone N	iumber
Enclosed is a check for th	e following amount:		_ •	·
■ \$25.00 Filing F∞	□ \$30.00 Filing F	\$55.00 Filing F Certified Copy (additional copy i	Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
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Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	s: Section orporations : : : : : : : : : : : : : : : : : : :	Reg Divi The 241	et Address: istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, St ahassee, FL 32303	uite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 NOV 17 AMIL 27

ACADEMY OF SI	EDUCTION AND MANU	PULATION,	L.L.C.		
<u> </u>	ame of the Limited Liabilit (A Florida	ty Company at	it now appears on o	ur records.)	
			11		
The Articles of Organization for	this I imited Liability C	ompany wer	e filed on 11/07/20)22	and assigned
Florida document number L2200	00475401			医环膜皮肤	
Florida document number	70410101				
This amendment is submitted to	amend the following:			in the second of	
A. If amending name, enter th	e new name of the lim	ited liability	company bere:		
	. •,				10 1 C 2
The new name must be distinguishable	and contain the words "Lim	ited Liability C	company," the designs	ation "LLC" or the ab	breviadon "L.L.C."
Enter new principal offices ad	dress, if applicable:	_			
(Principal office address MUS'	<u>T BE A STREET ADDI</u>	<u>RESS)</u> _	<u> </u>		}
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Enter new mailing address, if		⊕£ −			
Mailing address MAY BE A F	OST OFFICE BOX	-			
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B. If amending the registered	agent and/or registere	d office add	ress on our recor	ds, <u>enter the nan</u>	ie of the new registere
agent and/or the new register	ed office address here:	,	The state of the state of		Company of
	12.56		-		
Name of New Registe	red Agent:	· · · ·			
Mattle of Men Kostste	The state of the state of				
New Registered Offic			Enter Florida s	treet address	
A. It amendany miors so o v	Same of the second of the second		. DRE HONGS	,	
•				, Florida	Zip Code
	: 25 - 4 (j ; .	City		ζφ Coae
	is il Desister	ad Agent:			• .

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

B. It amounting the research of the control of the

Secret Life

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

MGR = Manager AMBR = Authorized Member <u>Title</u> Name	Address	Type of Action
AMBR KRAVTSOV, ALEKSANDR	1199 S FEDERAL HWY, STE 111	
AUDR		_ ■Add
	BOCA RATON, FL 33432	_ □ Remove
		_ □Change
<u> </u>		_ □Add
	e vincina, een op 10 saars in een om 12 jaar 1900.	_ □Remove
		-
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AMBK - Williams		_ □Remove
Little Smith		- National Plans
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Filing Fee: \$25.00