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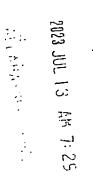
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: Complete K	(12 Essentials LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John C. Ochova Iv		
	John C. Osborn Jr.	Name of Person	
	Complete K12 Essentials I	LLC	
		Firm/Company	
	3401 79th Way N.		
		Address	
	St. Petersburg FL 33710	City/State and Zip Code	
	completek12essentials@gm	aail.com	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
John C Osborn Jr.		at (<u>727</u>) <u>515-2405</u> Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy raddinonal copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	oction
Registration S Division of C		Registration So Division of Co	
P.O. Box 632	.7	The Centre of	
Tallahassee, l	トレ <i>323</i> 14	2415 N. MONT	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Complete K12 Essentials LLC

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

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.), ted Liability Company)	ities.
The Articles of Organization for this Limited Liability Compa		
lorida document number L23000315360		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip 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

MOK -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John C. Osborn Jr.	3401 79th Way N.	= Add
		St. Petersburg FL 33710	□Remove
			□Change
			□Add
		_	□Remove
			□Change
			□Remove
			□Change
			Remove
			□Add
		□Remove	
			☐ Change
			□Add
			□Remove
			□Change

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an) Note	ctive date, if other than the date of filing:
	ord 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 filed.
Date	2023 Signature of a member or authorized representance of a member
	John C. Osborn Jr.
	Typed or printed name of signee