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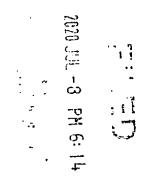
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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AUG 20 1070 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Homeschooling From the Heart LLC
t to take a diagnostry and is ± fine a
The enclosed Articles of Amendment and Tee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cynthia Prechtel Name of Person
Homeschooling From the Heart LLC Firm/Company
1241 Wendell Ave
NFt Myers FL 33903 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cynthia Pechtel at (239) 281-3396 Name of Person Area Code Daytime Telephone Number
Name of tersor
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homeschooling From	the Heart L	LC	320
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear lited Liability Company)	rs on our records.)	
		•	
The Articles of Organization for this Limited Liability Com	pany were filed on	<u>April 2, 20</u>	26.7 and assigned
The Articles of Organization for this Limited Liability Com- Florida document number $\mu \sqrt{999935219}$.		,	T ()
This amendment is submitted to amend the following:			<u> </u>
A. If amending name, enter the new name of the limited	liability company he	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	S)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	141.11		
B. If amending the registered agent and/or registered of	fice address on our r	ecords, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:	<u>.</u>		
New Registered Office Address:			
	Enter Flor	rida street address	
		Florida _	
	Ciţy		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>zent:</u>		
I hereby accept the appointment as registered agent and	agree to act in this	capacity. I further a	gree to comply with the
provisions of all statutes relative to the proper and comp	olete performance of	my duties, and I am	familiar with and
accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	t as provided for in C flice address I hove	napter 605, F.S. Oi by confirm that the l	r, if this document is inited liability
wing from wither city refreed a change in the registered of	µrce uuuress, 1 11 € €1	ry conjuni mai ine i	тики натину

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Aythorized 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
M G R	Clareire Prechtel Jr.	1241 Wendell Avenue	□Add
	Clareire Prechtel Jr.	North Fort Myers, FL 33903	3 □Remove
			\Delta Change Correc
			\ \ \ Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change

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(If an effection Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 6 2020.
	July 6 2020 Cynthia Puchted Signature of a member or authorized representative of a member
	-