L09000002786

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2024 OCT 15 AM II: 25

THE LAW OFFICE OF

RALPH R. DEAS, PA

227 SE Hernando Avenue, Lake City, Florida 32025 108 Central Avenue, Jasper, Florida 32052 Tel (386) 754-0771 Email: ralphdeas@deaslawoffice.com

October 8, 2024

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: GT Learning Center Group, a Florida limited liability company, Amendment to Articles of Organization, Document No. L09000002786

Ladies and Gentlemen:

Enclosed please find the copy signed by Teresa Boyette in connection with an Amendment to the Articles of Organization of the above-named limited liability company, together with a check from the undersigned's office account in the amount of \$30.00. Please file this amendment to the articles of organization as soon as practicable.

If there is anything further we need to do on behalf of our client in connection with this matter, please do not hesitate to contact my office either by telephone or by e-mail. Thank you for your usual courtesies herein and your kind attention to this letter.

Very truly yours,

Ralph R. Deas

RRD/dcb Enclosures as noted xc: Ms. Teresa Boyette

COVER LETTER

Tallahassee, FL 32314

TO: Registration of Division of	n Section Corporations				
SUBJECT: GT	Learning Group	a Florida Limit mited Liability Company	sed Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
	Ralph R	Deas, Esq.			
	1 Dow Office	of Ralph R. Dess Firm/Company			
	221 SE HE	Mando Ave			
	Lake City, F	City/State and Zip Code	·····		
	ralphdeag	deaslaw office com) (fication)		
For further information	concerning this matter, please c		,		
TERESA Name	ROYETTE of Person	at (386) 397-3 Area Code Daytin	661 ne Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration Division of (Section Corporations	Street Address: Registration Sec Division of Cor			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 OCT 15 AM II: 30 (Name of the Limited Liability Company as it now appears on our records LAHASSEE, FLURIDA The Articles of Organization for this Limited Liability Company were filed on ______________________________ and assigned Florida document number L09000002786 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: 181 SW Melon Court (Principal office address MUST BE A STREET ADDRESS) Lake City, FL 32024 181 SW Melan Court Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Lake City, FL 32024 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: CHELSEA B, BOYETTE Name of New Registered Agent: Enter Florida street address

Lake City , Florida 32024

City Ztp Code New Registered Office Address:

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

Title	Name	Address	Type of Action
MCRM	SPAUDE, CILLEY	614 S Roland Street	□Add
		Bushnell, FL 335/3	Remove
			Change
MCRM	SPAUDE, TOD ALEXANDER	614 S. Robert Screet	□Add
		Bushnell, FL 33513	_ Te Remove
			□Change
MCRM	CHELSEA B, BOYETTE	181 SW Melan Court	2DAdd
		Lake City, FL 32024	□Remove
			Change
MGRM	BRITTANY EVERETTE	2015W Paul Allison Come	_ 53(Add
		Lake City, FL 32024	□Remove
			_ Change
MCRM	TERESA BOYETTE	1925 SE CR 245	_ \Add
		Lake City, FL 32025	_ DRemove
			☐ Change
MGRM	BRYAN BOYETTE	1925 SE CR 245	_ ØAdd
		Lake Chy, FL 32025	_ □Remove
			_ Change

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Effective date, if oth	L the date must be execise as	to commerce brion to date	or number more than	90 days after filing.) Pursuant to 605.0	207 (3)
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