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TO:

	Registration Se Division of Cor			
SHR IFC"		DUCATION REPORTING SI	ERVICES, LLC	
audiec.	1	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		LLOYD M IRIZARRY		
			Name of Person	···
		HIGHER EDUCATION R	EPORTING SERVICES, LLC	
			Firm/Company	····
		1832 AMARYLLIS CIR		
			Address	
		ORLANDO FL 32825		
			City/State and Zip Code	
		LLOYDIRGM@GMAIL.C		
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please c	all:	
LLOYD	M IRIZARRY		407 284-8845	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-	Mailing Addres Registration S		Street Address: Registration So	ection
	Division of C		Division of Co	
F	P.O. Box 632	7	The Centre of	Tallahassee
7	Fallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHER EDUCATION REPORTING SERVICES, 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 12/17/2009 ____ and assigned Florida document number 1.09000119682 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LLSE ENTERPRISES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Florido street 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.

City

If Changing Registered Agent, Signature of New Registered Agent

__. Florida __

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blument's effective date on the De	ck does not meet the	applicable statu	iling or more than 90 da tory filing requiremen	(optional) ys after filing.) Pursuant its, this date will not	to 605.020 be listed a
cord specifies a delayed effective s filed.	date, but not an effe	etive time, at 12:	01 a.m. on the earlier	r of: (b) The 90th da	y after the
	2024				
MARCH 18	 •	· · · ·			
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