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21 NOV 16 FH 2: 37

T. MATTHEWS

DEC - 3 2021

				•	COVER LETTER			
TO:		istration Sec sion of Corp		is	•	:		
~			ational	Solutions, LLC				
SUBJEC	CI:			Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The encl	losed	Articles of A	Amendn	nent and fee(s) are sub	mitted for filing.			
Please re	eturn	all correspo	ndence (oncerning this matter	to the following:			
			Lest	V. Borge				
					Name of Person	<u></u>		
			LAN	1P Educational Solution	ons. LLC			
				<u> ,- ,- ,- , , , , , , , , , , , , , ,</u>	Firm/Company			
			1728 NE Miami Gardens Dr. #502					
		North Miami Beach, FL 33179						
		City/State and Zip Code						
			LBorge@lampeducationalsolutions.com E-mail address: (to be used for future annual report notification)					
					•	ort notification)		
For turt	her it	iformation co	oncernin	g this matter, please co	all:			
Lesly V	'. Boi				561 663-1 at ()			
		Name of	f Person		Area Code	Daytime Telephone Number		
Enclose	d is a	check for th	e follow	ing amount:				
■ \$ 25	.00 F	iling Fee		0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Should be seen to the seen that the seen the seen that the seen that the seen that the seen that the		
	Rep Div P.C	iling Addres gistration S vision of C). Box 632 lahassee, l	Section orpora 7	ions	The Centr 2415 N. M			

ARTICLES OF AMENDMENT TO TO ARTICLES OF ORGANIZATION PH 2: 37 OF 21 NOV PH 2: 37

LAMP Educational Solutions, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on March 18, 2011	and assigned
lorida document number L11000033270		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:	1728 NE Miami Gardens Dr.	
Principal office address MUST BE A STREET ADDRESS)	Unit #502	
	North Miami Beach, FL 33179	
Inter new mailing address, if applicable:	1728 NE Miami Gardens Dr.	
Mailing address MAY BE A POST OFFICE BOX)	Unit #502	
l	North Miami Beach, FL 33179	
I amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
1		
	Florida City	Zip 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 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 21 NOV 16 PH 2: 37

<u>Title</u>	Name		Address	Type of Action
				□Add
				□Remove
				□Change
				□Add
		1	-	□Remove
				□Change
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neffective date is listed, the te : If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed as in the Department of State's records.
cord specifies a delayed s filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed November 4	. 2021
	Mome
 -	Signature of a member or authorized representative of a member