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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration : Division of C			-		
	earning Center LLC				
SUBJECT:	Name of Lin	nited Liability Company	 		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Panfilo Marquez				
		Name of Person			
	Manus Learning Center L	LC			
		Firm/Company			
	7500 Brasilia Pl			ling Fee, te of Status & Copy	
		nn and fec(s) are submitted for tiling. nneerning this matter to the following: In Marquez Name of Person S Learning Center LLC Firm/Company Brasilia Pl Address LVA 20189-7500 City/State and Zip Code @manus.llc E-mail address: (to be used for future annual report notification) this matter, please call: at (619			
	Dulles, VA 20189-7500			2 HON CRE	MM 9: 57
	panfilo@manus.llc	City/State and Zip Code		·, 🔼	
			fication)		
For further information	concerning this matter, please of	all:		77 5	
Panfilo Marquez		at ()			
Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate Certified (e of Status & Copy	
Mailing Addr Registration		Registration Sec			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Manus Learning Center LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
	were filed on December 26, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicable:	54131 Vontz Circle	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Dec Florida document number L12000160022 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 defenter 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 reagent and/or the new registered office address here: New Registered Office Address: New Registered Office Address:	Callahan, FL 32011	2
		0221 17A
Enter new mailing address, if applicable:	54131 Vontz Circle	FF / VIII
(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 the Articles of Organization for this Limited Liability Company were filed on the Articles of Organization for this Limited Liability Company were filed on the Indianate of I		
	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street address	
	, 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:

or remo	ved if oil our records.		
MGR =	Manager		
AMBR:	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			□Remove
			☐ Change

Effective date, if other than the date of filing:				
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Effective date, if other than the date of filing:			<u> </u>	NO.
Effective date, if other than the date of filing:				
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Dated	ka maaand amaalifaa a dalamad affaasin d	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day	after the
Signature of a member or authorized representative of a member	October 1.1	2022		
	October 14	. 2022		

Filing Fee: \$25.00