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K. SALY

JAN 16 2025

COVER LETTER

TO:	Registration So Division of Coa	(((H25000017585 3)))		
			ACHING SERVICES, LLC	
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
		efile1234@incfile.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	eation)
For furt	her information o	concerning this matter, please c	all:	
LOVE	LLE DOBSON		1 (888) 462-345	
	Name (of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$25	5.00 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 Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EDUCATION COACI	HING SERVICES, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record (Liability Company)	
		(6) O
The Articles of Organization for this Limited Liability Compan	y were filed on 04/24/2013	and assigned assigned
Florida document number L13000059929		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
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 Florida street addres.	'
		orida
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, ar provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Ch:	anging Registered Agent, Signature o	f New Registered Agent

Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Olena Abdelsalam	10669 Great Falls Lane	
		Tampa, FL 33647	□Remove
			Change
			□Add
			Change
			□ Add □ Remove
		·- <u>-</u>	
			Remove
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cord specifies a	ı delayed effec	tive date, bu	t not an effect	live time, al	12:01 a.m. o	on the earli	er of: (b)	The 90th	day after th
JANUARY	15	•	2025	`					
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