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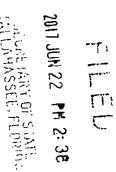
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K. SALY JUN 26 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sovereign School of Milling /- LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cloude Miles
Solercigi School of Larry LCC
PU" . 640342
Mi, ari, FU 33/6, G
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Claudia Milan at (305, 945 - 5677 Name of Person at (305, 945 - 5677 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	ORGANIZATION	17/11 B
-	OF 2017.	LED
SOVERELAND School Company (A Florida Limited L	any as it now appears on our records.)	MARZON 2:38
(A Florida Limited line) The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5/29/20/4$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi		
	Itty Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
Mulling address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zi	ıp 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 = N AMBR = A	Manager Authorized Member		2017 JUN 22 PM 2: 38	
<u>Title</u>	<u>Name</u>	Address	2017 JUN 22 PM 2: 20	Type of Action
			TALL ANASSEE FLORING	
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_	FILEL. 2017 JUN 22 PM 2: 3
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	TALLAHASSEE, FLORID;
	\mathcal{N}_{1}
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an effec <u>ote:</u> - [re date, if other than the date of filing: 5/17/12 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that it's effective date on the Department of State's records.
reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ited	6/20/17/1
	Signature of a member or authorized representative of a member
	I I I I I I I I I I

Page 3 of 3

Filing Fee: \$25.00