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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJ	FCT:	Superior	Collegiate, LLC	
лопа	<u></u>		ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
			Alex Christopoulos	
			Name of Person	
		S	uperior Collegiate, LLC	
			Firm/Company	
			2045 Palmetto Street	
			Address	
			Cleartwater, FL 33765	
			City/State and Zip Code	
		E-mail address: (exc@americancollegiate. to be used for future annual report	US notification)
For fu	rther information c	oncerning this matter, please ca		,
		stopoulos	at (<u>_727)90</u> 2	2-7964
	Name o	f Person	Area Code Day	time Telephone Number
Encio:	sed is a check for th	ne following amount:		
□ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
	Registr Divisie P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Colleg			<u>.</u>
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	10/15/2014	and assigned
Florida document number <u>L14000161137</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company her	<u>re</u> :	
American Collegiate Acade			1 184
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	signation "LLC" or the	abbreviation "L. L.C."
Enter new principal offices address, if applicable:	833 Wyat	t Street, Clearwa	ter, FL 33756
(Principal office address MUST BE A STREET ADDRESS)		·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	833 Wya	tt Street, Clearwa	ater, FL 33756
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on	our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Foter Flori	da street address	SS 5 F
	Em. 1		مد: حد الله
	Сиу	, Florida _	9 Zip Codes
New Registered Agent's Signature, if changing Registered Agent:			32

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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action		
			_ □ Remove		
			_ ☐ Change		
			_ □ Remove		
			_ Change		
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			□ Change		
			Add		
			Remove		
			Change		
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			☐ Change		

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary	.)	
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E. Effect	tive date, if other than the date of filing: 08/08/2019 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing		32
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this datement's effective date on the Department of State's records.	will not be t	isted as the
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the ead	rlier of:
Dated			
	Max Instruction		
	Signature of a member or authorized representative of a member		
	Alex Christopoulos		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00