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HARKIE J. HARKIE

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Fulure	Scholars Ac Name of Limi	ademy, LLC ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Ma L	Name of Person	
-	Future Scho	Slag Academy Firm/Company	
-	3816 N. Ur	niversity d1.	
-	Sinose	City/State and Zip Code	
_	mjade 486 (1) E-mail address: (1)	o be used for future annual report notific	ation)
For further information conce	erning this matter, please ca	att:	
M'A Levy Name of Per	son	at (<u>954</u>) <u>599-99</u> Area Code Daytime T	Selephone Number
Enclosed is a check for the fo	Howing amount:		
\$25.00 Filing Fee	330.00 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 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 32301

TO ARTICLES OF ORGANIZATION **OF**

Future Scholar Acad (Name of the Limited Liability Cor (A Florida Limit	mpany as it now appear:	s on our records.)		
(A Florida Limit	ied Liability Company)	 ^		
The Articles of Organization for this Limited Liability Compa	any were filed onC	2/06/2015	and a	ssigned
Florida document number <u>L 15000 23535</u> .		, .		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	iability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the de	signation "LLC" or th	ne abbreviation "	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		- -	
		<u> </u>	Pr S	
			元 三 三 三 三 三 三 三	₩₩## ₹;
Enter new mailing address, if applicable:			751	, The Late of the
(Mailing address MAY BE A POST OFFICE BOX)			- 13-4 	**************************************
			- <u></u>	
P. If any and the second secon			三型	0.4
B. If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed.		our records, <u>ent</u>	ter the name	e of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	da street address		
		, Florida		
	City		Zip Cod	e
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>			

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AHBR	Mía Levy	12749 NW 18th manor	Add
		Cox Springs FC 33351	Remove
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E. Effec	tive date, if other than the date of filing: (optiona			
(If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this day	ng.) Pursu ite will n	ant to 60 ot be lis	15.0207 (3)(b) ted as the
	nent's effective date on the Department of State's records.			
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	i. on tr	ie eari	ier of:
Date	February 20th, 2016.			
	,			
,	Signature of a member or authorized representative of a member	S	-=>	
	signature of a member of aumorized representative of a member	<u>一</u> の 新選 か用		0 p
	Mía Levy	15 J	<u> </u>	editoria: Euro-
	Typed or printed name of signee			
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	Page 3 of 3	DATE TATE	N	

Filing Fee: \$25.00