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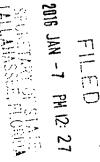
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## **COVER LETTER**

Division of Corporations
SUBJECT: ROMA COUCH ACAdemy, LLC 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:
William Gerrell Name of Person
Firm/Company
37303 Hickory Hill In
Dade City Fla 37303
E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
William Gervell at (367) 908-0442  Name of Person 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)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

			SAIP DAM
Roma	Court	Academy	LECTION OF STATE
(Name o	f the Limited Liability ( (A Florida Li	Company as it now appears on our recomited Liability Company)	rds.)

The Articles of Organization for this Limited Liability Company were filed on July 8, 201 and assigned Florida document number LI 5 000 114 645

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	515 Palm Coast PKwy S.W. 5+. 27 Palm Coast, FL. 32137
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	515 Palm Coast Pkwy S.w. 5+.27 Palm Coast, FL. 32137
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	94 th Are N. St. 120 Franklin Blog

## 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGe	William Gervell	Address 37303 Hickory Hellin Dade City, Fi 32525	Add
		33505	Remove
			Change
MGR	Michele Gerrell	37303 Hickory Hell Con Dade Cuty FC 33525	Add
		Dual Wy, 1230015	Remove
			Change
ngr_	National Learning Ocademy LC	1 <u>000 N. West St.</u> Ste. 1501	<b>)ZÍ</b> Add
	ucademy LLC	Witmington, DE	Remove
		1980 1	Change
			□ Add
			□ Remove
			Change
<u></u>		V5. 1-1-2-1-100	□ Add
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ote: If the date	if other than the date of is listed, the date must be specific inserted in this block does tive date on the Department.	es not meet the appli	cable statutory filing	(optional) re than 90 days after filing. requirements, this date	) Pursuant to 605.0207 ( will not be listed as th
	cifies a delayed effective after the record is		ot an effective ti	me, at 12:01 a.m.	on the earlier of:
The 90th da		<b>5</b> 0.1	ام		
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Page 3 of 3

Filing Fee: \$25.00