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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Fred	die Jean Name of Lim	Learning Acadelited Liability Company	my
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GroveR	Name of Person	· .'. ·
	Freddie 3	Sean Learning	Academy LLC
	2729 N	Riverside D	ave
	Tampa, f Fredole E-mail address: (1	City/State and Zip Code Code	
For further information co	pricerning this matter, please ca	ili:	SSETU T
Graver	Cusseaux	at (813) 325	-36337 0
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 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)

TO:

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L \ SOOO (4 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address City

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

	Authorized Person(from our records:	(s) authorized to man	age, enter the title, name, and	d address of each	person being added
MGR = Ma	anager uthorized Member				
<u>Title</u>	<u>Name</u>		Address		Type of Action
MGR	Grover	Cusseaux	2729 N. Ri	rerside Dr	□ Add
			Tampa iFL	33602	Remove
					□ Change
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Signature		,	7			

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Filing Fee: \$25.00