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COVER LETTER:

TO:	Registration Secti Division of Corpo			;	,
SUBJE	CT:	Leren	IS USA	LLC	
2020		Name of Limit	ed Liability Company		
		nendment and fee(s) are subm	Ü		
Please I	eturn an correspond	ence concerning this matter to	the following:		
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		<u>Lor</u>	ens US	A LLC	
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		Wes	ton FL	33327	
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	,	E-mail address: (to	be used for future annual i	eport notification)	. u
For furt	her information cond	cerning this matter, please cal	l:		
				804 8314 Daytime Telephone Number	
	Name of Pe	erson	Area Code	Daytime Telephone Number	
Enclose	d is a check for the f	following amount:			
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate osed) Certified C	of Status &

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

Florida document numberL15000177402 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. Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable: [2180 Tallahassee] [2180 Tallahassee] [2180 Tallahassee] [2180 Tallahassee]	igned
Florida document numberL15000177402 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. Enter new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable: [2180 Tallahassee] [2180 Tallahassee] [2180 Tallahassee] [2180 Tallahassee]	igned
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	?e 26
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	of the new
ticles of Organization for this Limited Liability Company were filed on October 2015 and assign document number L15000177402 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the a	graphit; h I taygen

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

MGR = Manager AMBR = Authorized Member **Title Address** Name **Type of Action** Paula Edenburg 2180 Tallahassee RAdd

Westen FL 33326 | Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

, or removed from our records:

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