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* 11.48ASSEE, FLORIDA

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COVER LETTER

T	TO: Registration Division of C	Section Corporations		
SI	Keys of SUBJECT:	Success Learning Academy, LLC		
		Name of Lin	ited Liability Company	
		of Amendment and fee(s) are sub	-	
	rease return an corres	Tiana Buford	to the following.	
			Name of Person	
		Keys of Success Learning	Academy, LLC	
			Firm/Company	
		15210 Amberly Drive APT	r 2023	
			Address	
		Tampa, Florida 33647		
		tiana.buford@yahoo.com	City/State and Zip Code	
			to be used for future annual report notif	fication)
Fo	For further information	n concerning this matter, please co	all:	
-	Trana Name	Suford e of Person	at (30) 996-1 Area Code Daytime	853 e Telephone Number
En	Enclosed is a check for	r the 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)

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

Keys of Success Learning Academy, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 15, 2016 and assigned Florida document number ______16000011116 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Keys to Success Learning Academy, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15210 Amberly Drive APT 2023 Enter new principal offices address, if applicable: Tampa, Florida 33647 (Principal office address MUST BE A STREET ADDRESS) 15210 Amberly Drive APT 2023 Enter new mailing address, if applicable: Tampa, Florida 33647 (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

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.

City

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00