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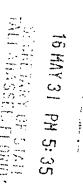
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: heys to Success Learning 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:
Tiana Buford Name of Person
Keys to Success Learning Academy, LLC
15210 Amberly Drive APt 2023 Address
Tampal Florida 33647
City/State and Zip Code  Figure 2 (To be used for future annual report notification)
For further information concerning this matter, please call:
Tiana Buford at (30) 996-1853  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee \$\square\$ Certificate of Status \$\square\$ Certified Copy (additional copy is enclosed) \$\square\$ \$\s

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**

Heys to 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 Com	pany were filed on January 15	,206 and assigned
Florida document number <u>L16000011116</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del>.</del>	
B. If amending the registered agent and/or registere		enter the name of the new
registered agent and/or the new registered office address	s nere:	and the same
		<b>6</b>
Name of New Registered Agent:		
New Registered Office Address:		SSS - 4
	Enter Florida street address	
	, Flori	do O
	City	Zfp Code
New Registered Agent's Signature, if changing Registered Agent's	gent:	
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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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filin the date inserted in this block does not meet the applicable statutory filing requirements, this dat	g:) Purst	antito (	605.0207 (3 isted as th
If an effect <b>Note:</b> It	tt's effective date on the Department of State's records.			
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Page 3 of 3

Filing Fee: \$25.00