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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONTESSORI LEARNING WORLD LLC

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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONTESSORI LEARNING WO	RLD LLC		
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) Impany)	
The Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for this Limited leads to the Articles of Organization for the Organization for the Organization for the Organization for the	Liability Company were filed	d on 3/4/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	ny," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		77 cc 28
(Principal office address MUST BE A STRE	ET ADDRESS)		
			JL 26 ET UNY HV SSE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- <u>194</u>
B. If amending the registered agent and/or agent and/or the new registered office addr		n our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	LETY CARVAJAL-BUSTILLO		
New Registered Office Address:	14090 SW 84 STREET		
	_	Enter Florida street address	
	MIAMI	, Florida 3318	
	Ciņ		Zip Code

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.

Conging 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

Title	Name	Address	Type of Action
MGR	MARIA ELIZABETH CASTRO	14090 SW 84 STREET	DAdd
		MIAMI FL 33183	
MGR	LETY CARVAJAL-BUSTILLO	14090 SW 84 STREET	
		MIAMI FL 33183	
			(Change
			DAdd
			□ Remove
			☐ Change
			Cladd
			Remove
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			bba□
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			Change
			OAdd
			□Remove
			☐ Change

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	ne date of filing: Lust be specific and cannot be prior to date of filing block does not neet the applicable statutory. Department of State's records.		05.0207 (3)(b) sted as the
he record specifies a delayed effec ord is filed.	ive date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day aft	ter the
Dated JULY 16	2021		
	Signature of a member or authorized represent	ative of a member	
MARIA ELIZABET	I CASTRO		
	Typed or printed name of sign	ne	