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TO: Registration So Division of Cor			
	LESTATE SCHOOL, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERTO CRESPO		
		Name of Person	
	TCA REAL ESTATE SCI	HOOL, LLC	
		Firm/Company	
	3231 AMACA CIR		
		Address	
	ORLANDO FL 32837		20
		City/State and Zip Code	77AL
		ESPOREALTYSCHOOL.COM	SEP.
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification) : 12
ROBERTO CRESPO		786 218-3708	
Name o	of Person		ne Telephone Number
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, I	FL 34314	2413 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TCA REAL ESTATE SCHOOL, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/26/2016	and assigned
Florida document number L16000103453		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	3231 AMACA CIR	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32837	
Enter new mailing address, if applicable:	3231 AMACA CIR	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32837	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida strect address	e of the new registered
	, Florida	Zin 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.

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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			□Remove
			□Change
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	The CR

Typed or printed name of signee