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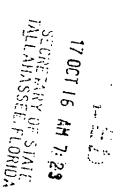
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COVER LETTER

TO:	Registration Section Division of Corporati	ons		
SUBJEC	ct: <u>Disco</u>	Very Cho	w ters, LL nited Liability Company	<u>.</u>
The encl	losed Articles of Amend	iment and fee(s) are su	bmitted for filing.	
Please re	eturn all correspondence	e concerning this matter	r to the following:	
	_	Iterb	urt Grant I Name of Person	rwin, JR.
	_		Firm/Company	
		17100	HWY 64	15
		Bath	Spyry S City/State and Zip Code	IN 38311
For furth Enclosed	_	E-mail address:	Granty Ca (to be used for future annual rep	ort notification)
For furth	ner information concern	ing this matter, please of	rall:	
	eby a M Name of Person	inssler	at (<u>239</u>) Area Code	989-2258 Daytime Telephone Number
Enclosed	d is a check for the follo	wing amount:		
J \$25.	00 Filing Fee □ \$	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Taltahassee, 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

Discovery Charters, 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
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 "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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 ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Significant Street Address Significant 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

If Changing Registered Agent, Signature of New Registered Agent

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 Title Name Address Type of Action Mark A. Wilson 10844 Thistlewood Drive and Baton Rouge, LA Kremove Debra M. Wussler 16019 Waterleaf In Dera Et Myurs, FL _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Remove Change □ Add ☐ Remove □ Change

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(If an ef <u>Note:</u>		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier of
Dated	September 28. 2017.	
	K Lh.	

Page 3 of 3

Filing Fee: \$25.00