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M. MILLIGAN JUL 27 2017

COVER LETTER

	Registration Section Division of Corporations						
SUBJEC		nise Owners International LLC					
SUBJEC		Name of L	imited Liability Company	-			
The enclo	osed Anic	es of Amendment and fee(s) are s	ubmitted for filing.				
Please res	turn all co	respondence concerning this matt	er to the following:				
		Bryan Driscoll					
			Name of Person				
		Franchise Brokers Assoc	ciation				
			Firm/Company				
		1080 Woodcock Road, S	Suite 295				
		-	Address	· · · · · · · · · · · · · · · · · · ·			
		Orlando FL 32803					
		b.driscoll@franchiseba.co	City/State and Zip Code				
		-	: (to be used for future annual report no	dification)			
For furthe	r informat	on concerning this matter, please	call:				
Bryan Dri	iscoll		407 434 <u>8</u> 049				
	N	me of Person	at () Area Code Dayti	me Telephone Number			
Enclosed i	is a check	for the following amount:					
\$25.00	0 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is miclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Re Di P.e	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	prations			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Franchise Owners International LLC

(Name of the Limited Liability Company as if now appears on our records.)
(A Florida Lumied Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/03/2016 and assigned Florida document number __L16000183999 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Franchise Professional Academy LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NA Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA 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 new registered agent and/or the new registered office address here: N٨ Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	Aanager Authorized Member		
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