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Certified Copies	Certificate	s of Status
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COVER LETTER

TO:	" Registration Se Division of Cor	porations	4.	
, SUBJ	A-Z Educa	tional Consulting, LLC		•
		Name of Lin	nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
			Eyleen Ortiz	
			Name of Person	
		A -	Z Educational Consulting, LLC	
			Firm/Company	·· •
			1322 SW 92nd Ct.	
			Address	
			Miami, FL 33174	
			City/State and Zip Code	
			ucationalconsulting@gmail.com	
			to be used for future annual report noti	iication)
For fu	rther information c	oncerning this matter, please ca	all:	
	Name of	f Person	at () Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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 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

A-Z EDUCATIONAL CONSULTING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) NOVEMBER 30, 2016 The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number L16000217425 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 "LLC" 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 & registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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 company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
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			ORIO A
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Filing Fee: \$25.00