47000026651

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COVER LETTER

UBJECT:	Name of Lim	ited Liability Company	
	Traine W. Billi	nee is a small of the small of	
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Mariano Vanoli		
		Name of Person	
		Firm/Company	
	8285 NW 64th St. Unit 5.		
	Miami, FL 33166	Address	
	mvanoli@mc.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
for further information of	concerning this matter, please ca	all:	
Mariano Vanoli		786 2054873	
Name (of Person	at () Area Code Daytime	Telephone Number
Inclosed is a check for t	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 Section Division of Corporations

TO:

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

Study College Canada LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L17000026651		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Vanoli LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		TALECTE TALE
Enter new mailing address, if applicable:		HÁ I
(Mailing address MAY BE A POST OFFICE BOX)		yc ≥
		<u> </u>
		5
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street addre	ers
	, F	lorida
	City	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.

If Changing 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
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Effective date, if other than the If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ast be specific and cannot be polock does not meet the ap	orior to date of filing or plicable statutory fili	more than 90 days after filin	ig.) Pursuant to 605.0201
he record specifies a delaye The 90th day after the rec		not an effective	time, at 12:01 a.m	. on the earlier o
Dated February 07	Signature of a member or a	— Ward		
	C:	\ 19mb	re of a member	

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Typed or printed name of signee

Filing Fee: \$25.00