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COVER LETTER

Tallahassee, FL 32314

TO:	Registration S Division of Co						
SUBJEC		nart Academy, LLC					
SUBJEA	~!· <u>—</u>	Name of Lim	ited Liability Company				
Th	4 4	E A mandar and and English and such	missad for filter				
		f Amendment and fee(s) are sub					
Please re	eturn all corresp	oondence concerning this matter	to the following:				
		Daniele Facciuto					
		,,,,	Name of Person				
			Firm/Company				
		19215 Livingstone Avenue Address Lutz, FL 33559					
		Lutz, FL 33559					
		Address Lutz, FL 33559 City/State and Zip Code					
		d.faceiuto@danvaconstructi	ion.com to be used for future annual report no	differtion			
For furth	ner information	concerning this matter, please co	·	ancaron,			
Frank C	, Miranda, Esq						
Name of Person		of Person	at () Area Code Dayti	me Telephone Number			
Enclosed	I is a check for	the 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 Addr		Street Address:	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327		27	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17 7 9:00 Andes Smart Academy, 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 2/2/2017 Florida document number L17000026935 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 "LLC." 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 new 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 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>	<u>Address</u>	Type of Action
MGR	Miriam Hurtado	13113 Canopy Creek Dr	
		Tampa, FL 33625-5902	\exists Remove
			□Change
MGR	Antonio Rivodo	2205 W 9 Ave	🗖 Add
		Hialeah, FL 33010	
			Change
MGR	Maria Fernanda Espinal	17530 Livingstone Ave	= Add
		Lutz, FL 33559-5850	□Remove
			Change
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