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PICK-UP	☐ WAIT	MAIL
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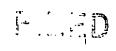
COVER LETTER

TO:

	egistration Se ivision of Cor				
CUD IF CT		ZE LEARNING LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		AARON KING			
			Name of Person		
		SNACK SIZE LEARNING	G LLC		
		· 	Firm/Company		
		120 BELLE LAKE CT.			
			Address		
		COLUMBIA. SC 29223			
			City/State and Zip Code	· ·	
		AKING@SNACKSIZELEA			
For firethor	information a	E-mail address: (oncerning this matter, please c	to be used for future annual report not	tification)	
		oncerning this matter, prease c			
AARON K			954 871-1696 at ()		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is	s a check for th	ne 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)	
	lailing Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Division of Corporations			
	.O. Box 632		The Centre of		
T	allahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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SNACK SIZE LEARNING 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 04/25/2017 __ and assigned Florida document number ______17000091588 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." 120 BELLE LAKE CT. Enter new principal offices address, if applicable: COLUMBIA, SC 29223 (Principal office address MUST BE A STREET ADDRESS) 120 BELLE LAKE CT. Enter new mailing address, if applicable: COLUMBIA, SC 29223 (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.

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
		 	□Add
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			□ Change
			
			□Remove
			Change
			□Remove
			Change
			□Add
		-	
			□ Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date imust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.028. [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. [In effective date on the Department of State's records.] [In effective date, if other than the date of filing: [In effective date is served in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. [In effective date, if other than the date of filing: [In effective date, if other than the date of filing or more than 90 days after filing.] [In effective date is listed, the date into the policy to date of filing or more than 90 days after filing.] [In effective date is listed, the date into the policy to date of filing or more than 90 days after filing.] [In effective date is listed, the date into the date of filing or more than 90 days after filing.] [In effective date is listed, the date into the policy than 90 date of filing or more than 90 days after filing.] [In effective date is listed, the date into the date of filing or more than 90 days after filing.] [In effective date is listed, the date into the date of filing or more than 90 days after filing.] [In effective date is listed, the date of filing or more than 90 days after filing.] [In effective date is listed, the date of filing or more than 90 days after filing.] [In effective date is listed, the date of filing or more than 90 days after filing.] [In effective date is listed, the date of filing or more than 90 days after filing.] [In effective date is listed, the date of filing or more than 90 days after filing.] [In e	i amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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		AARON KING A an King

Filing Fee: \$25.00