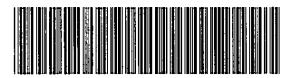


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Amend		

Office Use Only



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: NORTH N	JIAMI BEACH ACADEMY L	LC	* .			
	Name of Lie	mited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
	Callie Tempest Jones					
		Name of Person				
	BRUNSON CHANDLE	R & JONES, PLLC				
		Firm/Company				
	175 South Main Street, St	uite 1410				
		Address	, <u> </u>			
	Salt Lake City, UT 84111					
	Collin Challenn	City/State and Zip Code				
	Callie@bcjlaw.com	to be used for future annual report not	tiention)			
For further information c	oncerning this matter, please c	·	realion)			
Callie Tempest Jones		801 303-5721				
Name of Person		at () Area Code Daytim	e Telephone Number			
Enclosed is a check for the	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)			
Mailing Addres	_	Street Address:				
Registration S Division of C		Registration Section Division of Corporations				
P.O. Box 632		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH MIAMI BEACH ACADEMY LLC		_	
(Name of the Limited Liab (A Flor	ility Company as it now as ida Limited Liability Compa	opears on our records.) my)	
The Articles of Organization for this Limited Liability L17000100193 Florida document number	Company were filed or	05/05/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability compar	<u>ny here</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company."	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:	 		
New Registered Office Address:	Ente	r Florida street address	
	<u> </u>	Florid	Zip Code
	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 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
MGR	Altitude International Holdings, Inc.	4500 SE PINE VALLEY STREET	■ Add
		PORT SAINT LUCIE, FL 34952	_
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