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COVER LETTER

TO: Registration S Division of Co			
	nal Sports Academy (ISA), LL	С	بر. م
30B3LC,1,	Name of Li	mited Liability Company	0758
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matte		20 FEB -3 PH 3: 15
	Michael Gist		£J,
		Name of Person	-
	International Education a	nd Athletics	
		Firm/Company	
	1816 golfwood Circle		
		Address	
	Ormond Beach, FL 3217-	4	
		City/State and Zip Code	
	contact@educationathletic		
		(to be used for future annual report notific	ation)
For further information (concerning this matter, please of	:all:	
Michael Gist		386 868-6855	
Name c	f Person		Celephone 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 Registration 5 Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal	rations
Tallahassee, l	FL 32314	2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Sports Academy (ISA), 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 11/07/2016 Florida document number 1.17000111681 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: International Academy, LLC 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 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 _, Florida _ City

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
MGR	Michael Gist	1816 Golfwood Circle	≣ Add
		Ormond Beach, Fl. 32174	
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot ock does not meet the	l applicable statuta	lling or more than 90 ory filing requirem	(optional) days after filing.) Pursuar ents, this date will not	nt to 605,0207 (3 be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effe	ctive time, at 12;0	Of a.m. on the earli	er of: (b) The 90th d	ay after the
Dated January 4	2020)			
	m	7			
,	Signature of a member	or authorized repres	sentative of a member		
Michael Gist					

Filing Fee: \$25.00