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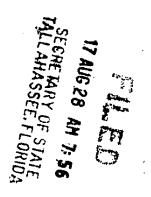
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## **COVER LETTER**

| SUBJECT: Astro-Durance Education LLC Name of Limited Liability Company  |
|---|
| Name of Limited Liability Company   |
|   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Patty Cummings Name of Person   |
| Astro-Durance Education LLC   |
| 9/1 SW 1ST TEXTACE  |
| Cape Coral, Florida 33991 City/State and Zip Code   |
| Patty C @ astrodurance Com  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Patty Cummings at 309, 472-4208  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee Sectificate of Status Sectified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

The Articles of Organization for this Limited Liability Company were filed on <u>August 23,2017</u> and assigned Florida document number <u>L 17000 180 240</u> 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 "LI.C" 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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 = Au    | thorized Member   |                               |                |
|--------------|-------------------|-------------------------------|----------------|
| <u>Title</u> | Name              | Address                       | Type of Action |
| MGR          | Patty L. Cummings | 91/SW IST Terrace CapeCoxa/F/ | Add            |
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| ffective date, if other than the date of filing:  | (optional)  |   | ve 0202 (1               |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or more lote: If the date inserted in this block does not meet the applicable statutory filing r | e than 90 days after filing.) Pursua<br>requirements, this date will no | nt to ou<br>t be lis                          | 15.0207 (3<br>sted as th |
| ocument's effective date on the Department of State's records.  |   |   |                          |
| e record specifies a delayed effective date, but not an effective tin   | ne, at 12:01 a.m. on the  | e earli                                       | ier of:                  |
| The 90th day after the record is filed.   |   |   |                          |
| Allauct ar 9017   |   |   |                          |
|   |   |   |                          |
| ated <u>August 25</u> , <u>2017</u>   |   |   |                          |

Page 3 of 3

Filing Fee: \$25.00