(Requesto	or's Name)
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PICK-UP	WAIT MAIL
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Special Instructions to Filing	Officer:
	J. HORNE
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:\_\_\_\_

PLEASE USE FUNDS FROM	ACCT: 120210000160 AMOUNT: 60.00
AUTHORIZATION:	Jan full
	<u>.C 1.17000213903</u>
Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait Photocopy
_XCertified Copy of Articles	of Incorporation
_X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	XAmendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution
Other	Merger
CORP	Conversion
PLLC	Amended and restated Articles
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
_ APOSTIL()_	Other
<del>_</del>	intry

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:\_\_\_\_

PLEASE USE FUNDS FROM	M ACCT: 120210000160	AMOUNT: 60.00
AUTHORIZATION:	Jan Full	_
Choice Telecommunications	LLC <b>0</b> L17000213903	
Business Name	Document Number,	(if known):
Walk in		Pick up time
Mail out		Will wait Photocopy
_XCertified Copy of Artic _X Certificate of Status	les of Incorporation	
NEW FILINGS		<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication		X Amendment Resignation of R.A. Officer/Directo Change of Registered Agent Dissolution
Other CORP		— Merger Conversion
PLLC	Amend	led and restated Articles
OTHER FILINGS	REGI	STERATION/QUALIFICATIONS
Annual Report		oreign filing .imited Partnership
Fictitious Name	· · · · · · · · · · · · · · · · · · ·	einstatement
_ APOSTIL()	Other	
1	Country	

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	10000	+ E Choice Tel	ecommunications LL
2001gCt:	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Tiara	Lester Name of Person	
		Name of Person	
	Δ_ 1	11.5 1 11.7	
	A Learn	Him Company	
		<b>J</b>	•
	1317 Edger	Nater Prive Ste 210	<u> </u>
	*	Address	
	Orlanda.	Pl 22Kal	
		City/State and Zip Code	<del></del>
	Tiaraleste	City/State and Zip Code  2/ P (mail. com) to be used for future annual report notification	
	E-mail address: (1	to be used for future annual report notification	on)
For further information co	ncerning this matter, please ca	all;	
Tiara Lesi	P. /	at (305) 815.26	2/2
Name of		Area Code Daytime Tele	ephone Number
Enclosed is a check for the	following amount:		
	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee,
☐ \$25.00 Filing Fœ	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Section	o.
Registration Se Division of Co		Division of Corpor	
DIVISION OF CO	-	The Centre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF C	RGANIZATION
O	PE 2023 JAH 11 AM H: 24
	2023 JAN
Choice Telecommunications	2023 JAH 11  NY IN 11 now appears on our freezons 12 12 12 24  Inhility Company)
(Name of the Limited Liability Compa	antility Company)
·	int was a
The Articles of Organization for this Limited Liability Company	were filed on io   20   F and assigned
Florida document number <u>L17000213903</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited linb	dity company here:
A Learning Heart LLC The new name must be distinguishable and contain the words "Limited Liabil	m I C "
the new name must be distinguishable and confain the words "Limited Liabil	ity Company," the designation "LLC" or the appreviation "L.C.C.
Enter new principal offices address, if applicable:	1317 Edgewater Drive
Principal office address MUST BE A STREET ADDRESS)	suite 2103
	Orlandu, F1 32804
	,
Enter new mailing address, if applicable:	1317 Edgewater Drive
Mailing address MAY BE A POST OFFICE BOX)	1317 Edge water Drive Suite 2103
modely duries may now will the mong	Orlando Fl 32804
	V. (V- IVI
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
igent and/or the new registered office address here:	
<b>.</b>	
Name of New Registered Agent:	ara Lester
New Registered Office Address:   317 E	Enter Florida street address
	Florida 32804  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 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

Title	Name	Address	Type of Action
	***		□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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			□Remove
			Change
			□Add
			□Remove
		<u> </u>	☐Change
			□Remove
		•	Change

If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	January 11th 1 2023
	( journ Kit)
	Signature of a member of authorized representative of a member
	Traca laster
	TIATA LESTEY Typed or printed name of signee