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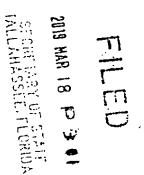
(F	Requestor's Name)
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((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

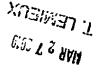
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COVER LETTER

	egistration Sec vision of Corp			
/2 F (F		UNTERNATIONAL HIGH S	SCHOOL LLC	
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		AQEEL AHMAD C/O BIL	L HAVRE	
		REGISTERED AGENTS I	Name of Person NC.	
		3030 N. ROCKY POINT I	Firm/Company DR, STE 150A	
		TAMPA, FL 33607	Address	
		CRYSTOTECHNOLOGIES		
For further	information co	E-mail address: (I ncerning this matter, please ea	to be used for future annual report notifi tll:	cation)
AQEEL AI	4MAD		718 9255073 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	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 ADDRESS:

TO:

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

AMERICAN INTERNATIONAL HIGH SCHOOL LLC

(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Compa	any were filed on FEBRU	
This amendment is submitted to amend the fol	lowing:		TALLYHAR 18
A. If amending name, enter the new name	of the limited li	iability company here:	
AMERICAN NATIONAL SCHOOL LLC			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the design	ation "LLC" or the abbreviation "LL C."
Enter new principal offices address, if appli	icable:	N/A	<u> </u>
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	<u> </u>	3.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	-		r records, enter the name of the new
New Registered Office Address:			
New Registered Office Auditess.		Enter Florida s	treet address
			, Florida
		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 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> N/A	Address N/A	Type of Action
N/A			
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Note:	retive date, if other than the eartive date is listed, the date must lifthe date inserted in this bluent's effective date on the De	ock does not meet the appl	licable statutory filing re-	(optional) han 90 days after filing.) Pursuant t quirements, this date will not be	to 605,0207 (3 e listed as th
	ord specifies a delayed 90th day after the reco		not an effective time	e, at 12:01 a.m. on the e	arlier of:
Dated_	MARCH 13	2019			
		1 AL			
		s give	thorized representative of a	manykar.	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00