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## **COVER LETTER**

TO: Registration S Division of Co			'	
The Proto	ocol School of Florida for Bus	iness, Academia & Government,	LLC	
	Name of Lim	ited Liability Company	<u></u> _	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Katherine Behler Hart			
		Name of Person		
	Protocol SPEAK International, LLC			
Firm/Company				
	5001 Coco Plum Way			
		Address		
	Sarasota, Florida 34241			
		City/State and Zip Code	<del></del>	
	protocolspeakinternation			
	E-mail address; (	to be used for future annual report notifi-	cation)	
For further information	concerning this matter, please c	all:		
Katherine Hart		727 421-0161		
Name	of Person	at () 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:

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 Protocol School of Florida for Business, Academia & Government, 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 I	.iability Company	y were filed on March 8, 2018	and assigned
Florida document number L18000059132	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
Protocol SPEAK International, LLC			-1.0 <b>6</b>
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLO	C" or the libbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	same	
(Principal office address MUST BE A STRE	ET ADDRESS)		SE O M
Enter new mailing address, if applicable:			33 DRIDA
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			is, enter the name of the new
Name of New Registered Agent:	same		
New Registered Office Address:			
The stages of the stades.		Enter Florida street addre	SAC
		. F	lorida
		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>	<u>Address</u>	Type of Action
	Same		
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			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Change Change
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	<del></del>		
			□ Remove
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15. 11 amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ye date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	June 29 2018  Hatterne Beller Hart Signature of a member or adihorized representative of a member
	Katherine Behler Hart Typed or printed name of signee

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Filing Fee: \$25.00