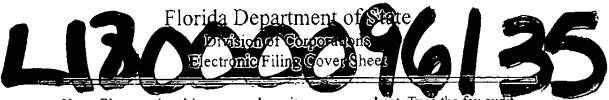
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Division of Corporations

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From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I2000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleasents

Email Address: Info@ Serberlan: finem. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## ACADEMY MEMBER, LLC

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T. LEVIEUX

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000096135	were filed on 04/18/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2875 NE 191st Street, Suite 801
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2875 NE 191st Street, Suite 801 Aventura, FL 33180
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	2019 No. 1. A
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Florida D i i
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	Florida D i i i Zio Code

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.

3059339393

PAGE 03/04 1419000 3518093

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			□ Remove	
			<del></del>	
			🗖 Remove	
~			Add	
			Remove	
		<del> </del>	Add	
			Remove	
			<del></del>	
			Remove	
	·		Add	
			☐ Remove	

D. If amending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)
Change Address for	MGR:
2875 NE 191st Stree	et, Suite 801
Aventura, FL 33180	
E. Effective date, if other than the date of (The effective date must be specific, cannot be printed date this document is filed by the Florida Department.)	or to date of receipt or filed date and cannot be more than 90 days after
Dated December 4	2019
///	n/l
* 2	re of a member of authorized representative of a member
Joanna Plessis	
	Typed or printed name of signee