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DIVISION OF CURT CARTON 30

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COVER LETTER

TO:		istration Sec sion of Corp				
eud iea		POSNACK	EAST - HOCHBERG LOW	ER SCHOOL HOLDING	SS, LLC	
SUBJEC	J.		Name of Limi	ited Liability Company		
The encl	osed	Articles of A	imendment and fee(s) are sub-	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			Keith D. Silverstein, Esq			
				Name of Person		
			Keith D. Silverstein, P.A.			
				Firm/Company		
			701 Brickell Avenue, Sui	te 2000		
				Address	_	
			Miami, Florida 33131			
				City/State and Zip Code		
			keith@silversteinpa.com	to be used for future annual re	mort notifications	
For furth	ner in	formation co	ncerning this matter, please ca		gort nouncation;	
Keith D	. Silv			305 868 at ()	-0200	
		Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed	1 is a	check for the	following amount:			
■ \$25.	00 F	iling Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

POSNACK EAST - HOCHBERG LOWER SCHOOL HOLDINGS, 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 Liability Company were filed on May 2, 2018 and assigned Florida document number L18000110872 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 "LLC" or the abbreviation "LLC" 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
MGR	Richard Cuenca	5810 S Pine Island Rd	
		Davie, FL 33328	Remove
			☐ Change
			Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			Add
			Remove
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reffective date is listed, the date	the date of filing:	e of filing or more than 90 days after filing.;	Pursuant to 605.07
	s block does not meet the applicable; c Department of State's records.	statutory filing requirements, this date	will not be fisted
	and afficient date. There are the con-	offentive times at 12-01 and	on the endia-
record specifies a dela- he 90th day after the r		effective time, at 12:01 a.m.	ni the earlier
August 3	2018		

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Typed or printed name of signee

Filing Fee: \$25.00