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(((H22000315198 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : I20000000087

Phone : (561)394-7910

Fax Number

: (561)393-6541

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SURFSIDE ACADEMY OF WEST PALM BEACH, LLC

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C. BRUMBLEY

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(((H22000 3/5/98 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF			
SURFSIDE ACADEMY OF WES	ST PALM BEAG	CII, LLC	
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appea	rs on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberL18000175306	, ,		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liability	y Conipany," the o	lesignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·····	
(Principal office address MUST BE A STREET ADDRESS)			202 SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SEP 12 PH 6:
			- F 75 75 75 75 75 75 75 75 75 75 75 75 75
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our r	ecords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	7%	, Florid	
	City		Zup 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.

((H22000315/98 3)))
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

15612874577

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SCOTT ALTSCHULER	9135 LAKE WORTH ROAD	≅Add
		LAKE WORTH, FL. 35467	¬Remove
			□Change
			
			□Remove
			Change
			□Add
			Rethore
			□Chunge
			□Add
			Remove
		-	Change
·	• • • • • • • • • • • • • • • • • • • •	□Add	
			□Remove
			Change
			DRemove
	.		Change

To:

(((H22,000 315198 3)))

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Cffectiv fan offec	re date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' f the date inserted in this block does not meet the applicable meet the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020'
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not seffective date on the Department of State's records.
record : d is filed	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
Dated	SEPTEMBER 12 2022
	0 M.M.A.
	Signature of a member or authorized representative of a member
	Signature of whember or authorized representative of a member JEFFREY ALTSCHULER

((LH22000315198 3)))

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