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COVER LETTER

TO:	Registration Se Division of Cor			•			
SUBJEC		e Learning Center LLC	•				
(701),113		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub ordence concerning this matter	-				
		Latisa Lynch					
			Name of Person			WIS MAR 15	77
Firm/Company 8710 Sandy Plain Drive			······································	A 15 A	FILED		
	Address Riverview, FL 33578				A POU	O	
		latisalynch@gmail.com	City/State and Zip Code			F *	
For furth	er information e	E-mail address: (concerning this matter, please or	to be used for future annual rail:	eport notification)		
Latisa L	ynch			-6671			
	Name o	f Person	at () Area Code	Daytime Telep	hone Number		
Enclosed	Lis a check for th	be following amount:					
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		Certified (e of Status &		
		ING ADDRESS:		COURIER AI	ODRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthcare Learning Center LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number H19000011010			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company hero	2 :	
Occupational Health & Safety of America LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u>F</u>	
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TA CORDU
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	<u>he name of the new</u>
Name of New Registered Agent:		****	
New Registered Office Address:	Entan Elizaid	a street address	
		, Florida	Zip Code
	City		ир Сонг
New Registered Agent's Signature, if changing Registered Agent:	_		
I hereby accept the appointment as registered agent and agr			

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
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			And And Some Remove
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			Change

Effective date, if other than the date of filing: (If an effective 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 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated March 11. 2019 Signature of a member or authorized representative of a member Latisa Lynch	 			
Effective date, if other than the date of filing:				
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Signature of a member or authorized representative of a member	Dated March 11,	2019		
Latisa Lynch	S	gnature of a member or authorized represent	lative of a member	
·	Latisa Lynch			

Page 3 of 3

Filing Fee: \$25.00