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## **COVER LETTER**

Registration Section

TO:

| Division of Corporations   |  |  |
|--|--|--|
| SURJECT: RISING Leaders La Nume of Limite  | arning Academ  | <del>y</del>   |
| The enclosed Articles of Amendment and fee(s) are subm   |  |  |
| Please renim all correspondence concerning this matter to  | n the following:   |  |
| Laura Ho   | Name of Person   |  |
| RisingLeo  | ders Learning  | Academy  |
| 405-421 N  | W 4 2nd St<br>Address  |  |
|  | City/State and Zip Code  |  |
| Clsing  <br>E-mail address to  | eaders la P. a   | mail. com  |
| For further information concerning this matter, please ca  | 11:  |  |
| Lawra Harvey   | at (786) 3519<br>Area Circle Daytome   | 4-4-5<br>Telephone Number  |
| Enclosed is a check for the following amount:  S25.00 Fiting Fee S30.00 Fiting Fee &                           | ☐ \$55,00 Filing Fee &   | ☐ \$60.00 Filing Fee.  |
| Certificate of Status  | Certified Copy (additional copy is enclosed)   | Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Fallahassee, FL 32314 | STREET/COURL<br>Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Ce<br>Tallahassec, F1, 32 | u<br>ations<br>nter Circle   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limi  | red Liability Commune of the norman and (A Florida Limited Liability Company)  | nut records.)                      |
|---|--|------------------------------------|
| The Articles of Organization for this Limited L. Florida document number L 190000.    |  | .2/2019 and assigned               |
| This amendment is submitted to amend the following                                    | owing:   |                                    |
| A. If umending name, enter the new name of  | the limited liability company here:  |                                    |
| The new name must be distinguishable and contain the                                  | eords "Limited Liability Company." the design  |                                    |
| Enter new principal offices address, if applie  | able:  | ₩ ₩ ₩<br>₩ ₩ ₩                     |
| (Principal office address MUST BE A STREE   |  | , (O                               |
|   | physical and the state of the s |                                    |
|   |  |                                    |
| Enter new mailing address, if applicable:   | series de la companya de la company   | ,                                  |
| (Mailing address MAY BE A POST OFFICE   | BOX)   | <u> </u>                           |
|   | ·  |                                    |
| B. If amending the registered agent and registered agent and/or the new registered of | •  | records, enter the name of the new |
| Name of New Registered Agent:   | Laura Harvey   |                                    |
| New Registered Office Address:  | 405-421 NW 62<br>Enter Florida M   | nd Ut                              |
|   | <u>Miami</u>   | . Florida 33150<br>Zip Code        |
| New Registered Agent's Signature if changing  | Resistered Avent:  | ·                                  |

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 heing 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, Stemature of New Registered Agent

Page 1 of 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:

| MGR = M $AMBR = A$    | lanager<br>uthorized Member |  |                  |
|-----------------------|-----------------------------|--|------------------|
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| effective date is listed, the date a<br>e: If the date inserted in this | he date of filing:  must be specific and cannot be prior to date of fili- block does not meet the applicable statutor Department of State's records.   | optional<br>ng or more than 90 days after filin<br>ry filing requirements, this dat  | g.) Pursuant to 605.0                     |
| record specifies a delay<br>he 90th day after the re                    | ed effective date, but not an effec<br>ecord is filed.   | tive time, at 12:01 a.m  | . on the earlie                           |
| Movember  | Signature of a merubor of authorized represe   | entative of a member   | · · · · · · · · · · · · · · · · · · ·     |
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