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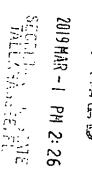
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R. WHITE MAR 1: 2019

COVER LETTER

):	Registration S Division of Co			
. (D 157		ch Academy LLC		
)DJEV	ur:		ited Liability Company	
		f Amendment and fee(s) are sub ondence concerning this matter	·	
		Monica Uscategui		
			Name of Person	
		Greenlight Financial LLC		
			Firm/Company	
		7480 SW 40th ST Suite 81	0	
		-	Address	
		Miami, FL 33155		
			City/State and Zip Code	
		muscategui@greenlightfina		
		E-mail address: (to be used for future annual report notif	ication)
or furth	ner information	concerning this matter, please ca	all:	
Monica	Uscategui		305 860 5970 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for	the following amount:		
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 ED OF

United Tech Academy LLC

2019 HAR -1 PM 2: 26

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on outlited Liability Company)	ir records:), TATE	
ne Articles of Organization for this Limited Liability Comp			
orida document number L1900037870			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
nitedtec Academy LLC			
ie new name must be distinguishable and contain the words "Limited I	Liability Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
nter new mailing address, if applicable:		_ 	
Mailing address MAY BE A POST OFFICE BOX)			
New Registered Office Address: New Registered Office Address:			the name of the ne
		r31 · 1	
	City	Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Ag			
hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and compecept the obligations of my position as registered agent eing filed to merely reflect a change in the registered of ome on the company has been notified in writing of this change.	plete performance of my di t as provided for in Chapte	ties, and I am f er 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoyed from our records:

R = Manager

BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
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	<u></u>		
			□ Remove
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	·		☐ Change

exercive date, if other than the date of filing:		g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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 605.0207 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of he 90th day after the record is filed. ed O2/25 Signature of a member or authorized representative of a member		<u>. </u>
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