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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|-------------------------------------|--|---|---|
| Innovative SUBJECT: | Vocational School Services LL | С | |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Donald W trueba | | |
| | | Name of Person | |
| | Hallandale Beach, Ft. 3300 HOLY WOOD truebadon@gmail.com | Address LOT | cation) |
| For further information c | oncerning this matter, please ca | · | , |
| Donald W Trueba | | 786 657-6730 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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 OF

| Innovative Vocational School Services LLC | | |
|--|---|-----------------------|
| (<u>Name of the Limited Liability (</u> (A Florida Lia | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con | npany were filed on 03/13/2019 | and assigned |
| Florida document number L19000068584 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" | |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u>SS)</u> | 26 |
| | | <u> </u> |
| | | 75 D |
| Enter new mailing address, if applicable: | A | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or register egistered agent and/or the new registered office address | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | ridaZip Code |
| | City | zip Coae |

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 |
|--------------|----------------|---------------------------------------|----------------|
| AMGR | Daniel H Behar | 2100 NE 25th Court Miami, FL 33180 | |
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| ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of f | (optional) filing or more than 90 days after filing.) Pursuant to 605.02 |
| <u>ste:</u> If the date inserted in this block does not meet the applicable statut cument's effective date on the Department of State's records. | tory filing requirements, this date will not be listed |
| Junear Serrective date on the Department of State S records. | |
| record specifies a delayed effective date, but not an effe | ective time, at 12:01 a.m. on the earlier |
| The 90th day after the record is filed. | ective time, at 12.01 a.m. on the carret |
| . | |
| ted 812-2014 0 | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00