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## COVER LETTER

Division of Cor Enrollment	Many Calutions 117		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anita Bell		
		Name of Person	
	Enrollment Now Solutions	LLC	
		Firm/Company	<del></del> -
	411 Walnut St #17375		
		Address	
	Green Cove Springs, FL 3	2043	
	anitallbell@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifica-	ation)
For further information of	concerning this matter, please c	all;	
Anita Bell		517 331-2619 at ()	
Name o	of Person	Area Code Daytime T	Celephone Number
Enclosed is a check for the	he 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)

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**Enrollment Now Solutions LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 1, 2019 and assigned Florida document number 1.19000088241 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." **Enrollment Now Solutions LLC** Enter new principal offices address, if applicable: 411 Walnut St #17375 (Principal office address MUST BE A STREET ADDRESS) Green Cove Springs, FL 32043 Enrollment Now Solutions LLC Enter new mailing address, if applicable: 411 Walnut St #17375 (Mailing address MAY BE A POST OFFICE BOX) Green Cove Springs, FL 32043 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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

MOIL	with the second	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian Gleason	Brian Gleason	≣Add
		8516 Jasonville Ct SE	□Remove
		Caledonia, MI 49316	Change
AMBR	Annie Darrow	Annie Darrow	<b>=</b> Add
		42533 Highgate Terrace	□Remove
		Ashburn, VA 20148	Change
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effective date is listed, the date must te: If the date inserted in this blo				
cument's effective date on the Dep				
cord specifies a delayed effective	date, but not an effective ti	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	the
s filed.				
January 19 ed	2021			
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	to I Belo			
	<i>,,,</i>	orized representative of a memb	ner	
	-	•		
Anitya L Bell				
	Typed or print	d name of signee	<del></del>	