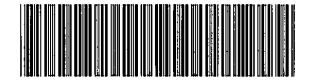
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		ory Academy	LLC
		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Richa	rd Webster	
	,	Name of Person Livery Acac. Firm/Company	
	803	E Amport Blud Address	
	Sanford	FL 32773 City/State and Zip Code	<u> </u>
	F-mail address: (City/State and Zip Code 1099 (a) a Mai to be used for future annual report notifi	Com
For further information	concerning this matter, please ca	all:	면 또 =:
Pulsard	Webstv	at (407) 346	0846 0846
Name	of Person	Area Code Daytime	Telephone Number
Enclosed 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)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
МАН	LING ADDRESS:	STREET/COURIE	ER ADDRESS:

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

TO ARTICLES OF ORGANIZATION **OF**

Ground Theory	Academy UC
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on April 30 th. 2019 and assig
ins amenament is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	77.
	9
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of A
Title Canage WNER	Rihard Webster	803 E. Aipport Blud.	Ndd
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			Remov
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			Change

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on effective on the section of the s	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied at a specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied at a specified at a specifi
Pated	Signature of a member or authorized representative of a member
_	Richard Wobster Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00