## L19000145247

(Requ	estor's Name)	<u></u>
(Addro	ess)	
(Addre	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	iment Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



700378323527

12 31/21--01012--024 \*\*39.60



A BUTLER

JAN - 8 2022

## COVER LETTER

Registration Section Division of Corporations

TO:

STUDENTI	PROCONNECT, LLC		
SUBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Fabienne Cadet-Laborde		
		Name of Person	<del></del>
	StudentProConnect		
		Firm/Company	<del></del>
	14240 Jockey Cir S		
		Address	to the state of th
	Davie/ FL 33330		
		City/State and Zip Code	<del></del>
	ftcadet@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please co	all:	
Fabienne Cadet-Laborde		at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J

STUDENTPROCONNECT, LLC	S. Aproximation	. fr .
(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)	101 825 2
		íF
The Articles of Organization for this Limited Liability	Company were filed on 05/31/2019 1	and assigned
Florida document number L19000145247		
Torida document humber	'	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE <u>A STREET AD</u>	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registe	red office address on our records, enter the na	me of the new registe
igent and/or the new registered office address here	a. L	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nner r tortaa street aaaress	
	Florida	
	City	Zip Code

## 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 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
MGR	Frederick N. Laborde	14240 Jockey Cir S	≅Add
		Davie, Fl. 33330	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			Change
<u>-</u>			Dadd
			Remove
			Change
			□Add
			Remove
			□Change

- · ·		<del> </del>		<u>-</u>	
					<del> </del>
<del> </del>			<del> </del>		
<del></del>	<del>-</del>	· <u>-</u>	<del></del>		
	<del> </del>	<del></del>	<u> </u>		
			<u> </u>		
		<u></u>			
			<del> </del>		
					<u></u> .
				-	<del></del>
		<u> </u>	·		·
Effective date, if other than the effective date is listed, the date must <b>Note:</b> If the date inserted in this blo document's effective date on the De	be specific and cannot bek does not meet the	ot be prior to date on the applicable states	filing or more than	(optional 90 days after filin rements, this dat	g.) Pursuant to 605.02
	date, but not an ef	fective time, at 1	2:01 a.m. on the o	earlier of: (b) 1	The 90th day after th
e record specifies a delayed effective rd is filed.					
	202	21			
rd is filed.  December 6	··	<del></del> .			
rd is filed.  December 6	202 Signature of a member	<del></del> .	presentative of a me	mber	