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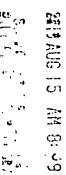
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Edumarcel,	LLC		
Sonsile i		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Eduardo Hernandez		
			Name of Person	
		Edumarcel, LLC		
			Firm/Company	-
		Address Lewisville, TX 75067 City/State and Zip Code candaexpenses@gmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: Area Code To the following amount:		
			Address	
		Lewisville, TX 75067	Address TX 75067 City/State and Zip Code ses@gmail.com E-mail address: (to be used for future annual report notification) matter, please call: 1561 161 261 38144558 261 360.00 Filing Fee, (additional copy (
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: Eduardo Hernandez			
		E-mail address: (t	to be used for future annual report no	ification)
For further i	nformation co	oncerning this matter, please ca	ill:	
Antonio J. (Coa			
	Name of	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

Edumarcel, LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on ou imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Cor Florida document number L19000151815	mpany were filed on June 07,	2019	and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designat	ion "LLC" or the abbo	eviation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>	.	·- <u>-</u>	
Enter new mailing address, if applicable:		, no	ego	
(Mailing address MAY BE A POST OFFICE BOX)			(4)	
intuing unitess mare be a 1 out of 11 out				: ;
			· 5	• • •
B. If amending the registered agent and/or registered agent and/or the new registered office addre		•*	he name မ တ	of the ne
Name of Name Deviatored Asserts		in the second	- 39	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet address		<u> </u>
		, Florida		
_ _	City	, 1 101104	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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Eduardo Hernandez	201 W Southwest Pkwy	□ Add
		Lewisville, TX 75067	■ Remove
			□ Changa
MGR	Walton Colmenares	201 W Southwest Pkwy	□ Add
		Lewisville, TX 75067	■ Remove
MGR	Yazceminne Perdomo	201 W Southwest Pkwy	■ Add
		Lewisville, TX 75067	☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
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If an effecti Note: If	ive date is listed. the date inserte	er than the date I, the date must be s sed in this block of ate on the Depart	pecific and ca loes not mee	innot be prior (et the applica	to date of filing ble statutory	or more than 90 filing requiren	(optional) days after filing, eents, this date) Pursuant to 605.0 will not be listed)207 (3 I as th
he recor The 90	rd specifies Oth day afte	a delayed eff er the record	ective dat is filed.	te, but not	an effectiv	ve time, at	12:01 a.m.	on the earlier	of:
Dated	ugust 08		,	2019					
Dateu			TW	$\overline{}$	·				
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		Sirgi	ature of a me	mber or autho	rizea represent	ative of a memb	er		

Page 3 of 3

Filing Fee: \$25.00