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| Special Instructions to Filing Officer: |
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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| AMERIC. | AN EDUCATION SPECIALIS | TS | |
|---|--|---|--|
| SUBJECT: | Name of Lin | ited Liability Company | |
| | f Amendment and fee(s) are sub ondence concerning this matter | • | |
| | OTERO CONSULTING | GROUP LLC | |
| | | Name of Person | - |
| | OTERO CONSULTING | GROUP LLC | |
| | | Firm/Company | |
| | 400 West Emmett Street C | Office I | |
| | | Address | |
| | Kissimmee, FL 34741 | | |
| | MyConsultant@AskOtero.c | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information | concerning this matter, please co | all: | |
| Dr. Jose Otero | | 407 900-2622 | |
| Name o | of Person | at () Area Code Daytime | e Telephone Number |
| Enclosed is a check for t | 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) |
| Mailing Address Registration Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Sec Division of Cor The Centre of T | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ARTICLES OF C | ORGANIZATION | |
|---|--|--|
| | OF TO THE STATE OF | |
| AMERICAN EDUCATION SPECIALISTS LLC | any as it now appears on our records.) | |
| (A Florida Limited | Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000178019}{L19000178019}$ | were filed on 07/10/2019 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liah | oility company here: | |
| AMERICAN EDUCATION TRAINING INSTITUTE LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L.L.C." or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 400 West Emmett Street | |
| (Principal office address MUST BE A STREET ADDRESS) | Office I | |
| | Kissimmee, Florida 34741 | |
| Enter new mailing address, if applicable: | | |
| (Muiling address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Clouide street of these | |
| | Enter Florida street address | |
| | , 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 |
|--------------|-------------|-------------|----------------|
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| (If an effe Note: | ve date, if other than the date of filing: |
| the record cord is fil | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated_ | 06/11/2020 |
| | |
| | Signature of a member or authorized representative of a member |
| | Jose Otero |
| | Typed or printed name of signee |

Filing Fee: \$25.00