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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for futura annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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	August 5, 2019	and assigned
Florida document number L19000193119	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	ited liability company	here:	
Taylor College, LLC			
The new name must be distinguishable and contain the words "Lir	nited Liability Company," th	ne designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS) 5190 SE 125	th St, Belleview, FL 34420	
Enter new mailing address, if applicable:	5190 SE 125	th St, Belleview, FL 34420	
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		on our records, enter	the name of the new
Name of New Registered Agent: Mich	ael Marino		
New Registered Office Address: 5190	SE 125th Street		· · · · · · · · · · · · · · · · · · ·
	Enter	Florida street address	
Beile		, Florida _ ³⁴	1420
	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 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
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record specifies a delay he 90th day after the r	ed effective date, lecord is filed.	but not an effe	ective time, at 1	2:01 a.m. on the	earlier
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