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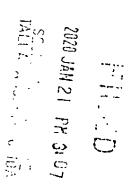
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COVER LETTER

TO:

	egistration Se vision of Cor			
SUBJECT	The Learni	ng Center School of Real Estat	e, LLC	
306,201		Name of Lin	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Andrew C. Grant		
			Name of Person	
		Chiumento Dwyer Hertel (Grant	
			Firm/Company	.
		145 City Place, Suite 301		
			Address	(lication)
		Palm Coast, FL 32164		
			City/State and Zip Code	
		agrant@legalteamforlife.co	m	
		E-mail address: (to be used for future annual report not	ilication)
For further	information c	oncerning this matter, please c	all:	
Brittany Dt			386 445-8900 at()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		Street Address:	ction
		orporations	Registration Se Division of Cor	
Р.	O. Box 632	7	The Centre of T	
Ta	llahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Learning Center School of Real Estat		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
he Articles of Organization for this Limited Liability	y Company were filed on 10/18/2019	and assigned
lorida document number L19000262336	·	_
his amendment is submitted to amend the following	;	
. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		22
. If amending the registered agent and/or registe	red office address on our records, enter the	name of the new regist
gent and/or the new registered office address her	<u>e</u> :	
		2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	Flori	ia
	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>	<u>Address</u>	Type of Action
MGR	Fred Lewers	5048 N. Oceanshore Blvd.	∄ Add
		Palm Coast, FL 32137	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
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Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this be document's effective date on the I	st be specific and cannot be lock does not meet the a	prior to date of filing	g or more than 90 days aft	ional) er tiling.) Pursuant to 605.020 iis date will not be listed as
record specifies a delayed effective in filed.	e date, but not an effecti	ive time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
ated	2020			
Andrew	Signature of a member or	authorized represen	native of a member	
Analica.	11111			
T 1 V 1/ T V // 1 A // 1	I ISTANT			

Filing Fee: \$25.00