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COVER LETTER

SUBJECT:	MODIF	ENTER Name of Limite	-PRISE LC		
		rume of Billion	ed Education Company		
The enclosed Articles of Ar			-		
Please return all correspond	lence concerning	this matter to	the following:		
		ASJ	AD K HAA	J	
		MODIF	ENTER PRISE Firm/Company	ice	
		12943	TONA RO) AD	
		FRET N	NYERS, FZ City/State and Zip Code	33908	
	E-n	asadk nail address: (to	City/State and Zip Code hay 31773 code he used for future annual re	mail. c	an
For further information con	cerning this mat	ter, please call	1:		
ASAD Name of P	K HAN)	at (<u>239</u>) · · · · · · · · · · · · · · · · · · ·	565 3059 Daytime Telephone	Number
Enclosed is a check for the	following amour	nt:			
□ \$25.00 Filing Fee	S30.00 Filing Certificate		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address: Registration Se	ction		Street Add Registrat	Iress: ion Section	

Division of Corporations P.O. Box 6327

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

MODIF ENTERP	RISE,	LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now ap</mark> Liability Compar	pears on our red ny)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	12/19	2019	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	diity company	r here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," t	he designation "	LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>	020
(Principal office address MUST BE A STREET ADDRESS)				A
		·	<u></u>	<u> </u>
			•	PH 6
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX)		.		<u>f</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on ou	r records, <u>en</u>	ter the nam	e of the new register
Name of New Registered Agent:				
New Registered Office Address:	Enter	Florida street ad	dress	. <u> </u>
			F1 '1	
	City	····································	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
· · · · · · · · · · · · · · · · · · ·				

Thereby 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	A SJAS KITAN	11652 STONECREEK GR	Z □Add
		FORT MYERS, FL 339	17 □Remove
			X Change
METE		· · · · · · · · · · · · · · · · · · ·	Add 020 H Remove
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an effectiv <u>ote:</u> If t	date, if other than the date of filing: 03/05/2020 (0) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a the date inserted in this block does not meet the applicable statutory filing requirements, 's effective date on the Department of State's records.	ifter filing.) Pur		
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