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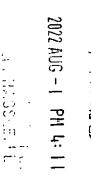
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor		,				
SUBJEC		Florida Professional Special Education Advocacy LLC					
NUDJEC	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Melissa Mangino					
			Name of Person		_		
Firm/Company				 -			
	3534 Hogan Drive						
	Address					2	
Trinity, FL 34655						2022 AUG	===
City/State and Zip Code melissa@florida-advocate.com						'	<u></u>
		E-mail address: (to be used for future annual report notif	ication)	HASSE	PH	ر و ز
For furth	er information c	oncerning this matter, please c	all:		in. Es	P 4 4: 1	1,60
Melissa	Mangino		813 956-7682				
	Name o	f Person		: Telephone Numbe	<u></u>		
Enclosed	l is a check for th	ne following amount:					
■ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status			☐ \$55,00 Filing Fee & ☐ \$60.00 Filin Certified Copy Certificate ((additional copy is enclosed) Certified Co (additional copy)			of Status &	
	Mailing Address Registration S		Street Address: Registration Sec	ction			
Division of Corporations		Division of Cor	porations				
P.O. Box 6327			The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Professional Special Education Advocacy LLC

(<u>Name of the Limited Lia</u> (A Flo	bility Company orida Limited Lia	y <mark>as it now appears on our r</mark> ability Company)	ecords.)	
	ey Company w	vere filed on	ar	nd assigned
(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 02/26/2020 and assigned Florida document number L20000064178 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviatio				
If amending name, enter the new name of the	limited liabil	ity company here:		
new name must be distinguishable and contain the words "	Limited Liabilit	y Company," the designation	"LLC" or the abbreviati	
ter new principal offices address, if applicable:		3534 Hogan Drive	·· Fr _	
• • •		Trinity, FL 34655		
			200	
				ž O
iter new mailing address, if applicable:				- : - =
lailing address MAY BE A POST OFFICE BOX	Ω			ŧ.
		ldress on our records, <u>e</u>	nter the name of tr	<u>ie new regist</u>
				
Name of New Registered Agent: M	elissa Mangino)		
Now Powistored Office Address: 35	34 Hogan Driv	ve		
New Registered Office Address.		Enter Florida street a	address	
Tr	inity		, Florida 34655	
_		City		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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Claudia Roberts	409 S Delaware	□ Add
		Tampa, FL 33606	=Remove
			□Change
MBR	Melissa Mangino	3534 Hogan Drive	■Add
		Trinity, FL 34655	Z2Remove
			- Change
			Change DAdd D
			Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

Change

If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
	202	
	22 ALG	9
		t t
	770 L	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) lys after filing.) Pursuant to 605 nts, this date will not be liste	5.0207 (ed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliered is filed.	r of: (b) The 90th day after	r the
Dated July 29, 2002		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member Melissa Mangino		
Typed or printed name of signee		