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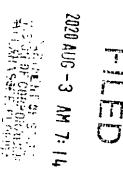
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SEP 2 1 2020 S. YOUNG DocuSign Envelope ID: 747B4E7F-546B-4112-B753-B5107FDD9830 COVER LETTER TO: Registration Section Division of Corporations THE ARK CHRISTIAN ACADEMY LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARDOCHEE BELLERICE Name of Person THE ARK CHRISTIAN ACADEMY LLC Firm/Company 3218 MELALEUCA ROAD Address WEST PALM BEACH, FL 33406 City/State and Zip Code H-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARDOCHEE BELLERICE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: Xi \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 DocuSign Envelope ID: 747B4E?F-646B-4112-B/53-B5107FDD9830

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

123

Zip Code

THE ARK CHRISTIAN ACADEMY LLC
(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 03/11/2020 and as gred Florida document number L20000079619 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 "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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.

City

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II amenuing Authorized rerson(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
VP	MARSHA BENJAMIN	9737 CORONADO LAKE DR	
		BOYNTON BEACH, FL 33437	X Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
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			□Change
			□Add
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D. If amend	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u>Note:</u> If t	date, if other than the date of filing:	07 (3)(t is the
If the record sprecord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th	e
Dated	JULY 24 2020	
	Den LECTORALES	
	Signature of a member or authorized representative of a member	
	MARDOCHEE BELLERICE	

Filing Fee: \$25.00

Typed or printed name of signee