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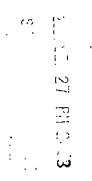
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration So Division of Cor			
Hanse On,	LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Aronson		
		Name of Person	
	David A. Aronson, CPA.	P.A.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	17071 West Dixie Highwa	ay, Suite 301	
		Address	
	North Miami Beach, FL 3	3160	
	epa@aronson.biz	City/State and Zip Code	
	· •	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
David Aronson		305 999-0255	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
Mailing Addres Registration S		Street Address:	ation
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION-OF

202, SER 27 PH 2: ES

Hanse On, LLC		9.7	•
(Name of the Lin	nited Liability Company as it nov (A Florida Limited Liability Cor	appears on our records.) upany)	
the Articles of Organization for this Limited lorida document number L20000132104	Liability Company were filed	on 05/15/20	and assigned
his amendment is submitted to amend the fo	Howing:		
If amending name, enter the new name	of the limited liability comp	any here:	
ET University, LLC			
he new name must be distinguishable and contain the	words "Limited Liability Compan	y." the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	EET ADDRESS)		
		·	
nton nous modifica addison if a self-addison			
nter new mailing address, if applicable:			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>		
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Mailing address MAY BE A POST OFFICE			
Mailing address MAY BE A POST OFFICE	registered office address of	our records, enter the i	name of the new regis
	registered office address of	our records, enter the i	name of the new regis
Mailing address MAY BE A POST OFFICE	registered office address of		name of the new regis
Mailing address MAY BE A POST OFFICE If amending the registered agent and/orgent and/or the new registered office address Name of New Registered Agent:	registered office address or ess here:	P.A.	name of the new regis
Mailing address MAY BE A POST OFFICE I. If amending the registered agent and/or gent and/or the new registered office addr	registered office address or ess here: David A. Aronson, CPA, 17071 West Dixie Highwa	P.A.	name of the new regis
Mailing address MAY BE A POST OFFICE i. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address or ess here: David A. Aronson, CPA, 17071 West Dixie Highwa	P.Ay, Suite 301	

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>	Name	Address	Type of Action
			□Remove
		·	☐ Change
			□Add
			□Remove
			Change
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record specifies a delayed effective l is filed.	date, but not an effec	tive time, at 12:0	I a.m. on the ea	rlier of: (b) The 90	th day after the
ated September 23	2021				
Dansel	ignature of a member of	or authorized renres	entative of a mem	ber	
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Filing Fee: \$25.00