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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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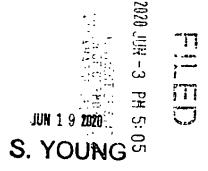
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COVER LETTER

Division o	of Corporations		
	TECH LEARNING LLC		
30bjec 1	Name of Li	mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence concerning this matte	r to the following:	
	CARMEN TORRES		
		Name of Person	
		Firm/Company	
	112 VITORIA RD		
		Address	
	DAVENPORT, FL 33837	7	
		City/State and Zip Code	
	Mrs.carmentorres15@gma		
	E-mail address:	(to be used for future annual report no	ification)
For further informa	tion concerning this matter, please	call:	
CARMEN TORRE	ES	321 900-7465	
	ame of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	ddress:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDU-TECH LEARNING LLC		
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our red forida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 05/19/2020	andrassigned
Florida document number L20000136313		S. O.
This amendment is submitted to amend the following	र्ष:	ັທ
A. If amending name, enter the new name of the	limited liability company here:	
EDU-TECH LEARNING SERVICES LLC		
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 A	DDRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ter the name of the new registered
agent and/or the new registered office address ne	re:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
-	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 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
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	
			□Add
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			□Change

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