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COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		-	
	Charmaine Kalpen		
		Name of Person	
	Next Level Learning Prog	raun, LLC.	
	 	Fimi/Company	
	180 East Dania Beach Bly	rd. #621	
		Address	
	Dania, Florida 33004		
		City/State and Zip Code	
	nextlevellearningprogram@	gmail.com	2
	E-mail address: (to be used for future annual report notification)	D20:
For further information c	oncerning this matter, please c	all:	SEP .
Charmaine H. Kalpen			22
Name o	f Person		nber 5
			- 17 - (3
Enclosed is a check for the	he following amount:		1 10 10
\$25.00 Filing Fee		Certified Copy Certi (additional copy is enclosed) Certi	ficate of Status & fied Copy
Mailing Addres Registration		Street Address: Registration Section	
Division of C		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next Level Learning Program, LLC.	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.)
he Articles of Organization for this Limited Liability Company were lorida document number 1.20000231462	V12/20
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2020 SE
	24
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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>	Address	Type of Action
MGR	Caranita Rhone	3530 Mystic Pointe Drive #415	= Add
		Aventura, Florida 33180	□Remove
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Tective date, if other that in effective date is listed, the date: If the date inserted in cument's effective date on	itus block does noi	t meet the applicab	date of filing or mo le statutory filing	(optio re than 90 days after t requirements, this	nal) iling.) Pursuant t date will not be	o 605.020 o fisied a
ecord specifies a delayed e is filed.	ffective date, but n	ot an effective time	e, at 12:01 a.m. o	a the earlier of: (b)	The 90th day	after the
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