120000235303

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COVER LETTER

CUD IPAT.				
SUBJECT:		Name of Limi	ted Liability Company	
The encloses	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Michelle Singh		
Name of Person				
	Name of Person			
		ichelle Singh Consulting, LLC Name of Limited Liability Company recicles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Michelle Singh Name of Person Firm/Company 25864 SW 124th Court Address Homestead, FL 33032 City/State and Zip Code singhnbot@gmail.com E-mail address: (to be used for future annual report notification) remation concerning this matter, please call: Area Code 1886 Name of Person 1986 Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Street Address: Street Address: Registration Section Division of Corporations		
			Address	
		Homestead, FL 33032		
			City/State and Zip Code	
		-		
For further i	information c			otification)
Michelle Si	ingh		at ()	
	Name o	f Person	Area Code Dayı	ime Telephone Number
Enclosed is	a check for the	ne following amount:		
■ \$ 25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			Division of C	Corporations
P .	O. Box 632	27		
Ta	illahassee, l	FL 32314	2415 N. Mon	roe street, suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michelle Singh Consulting, 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 August 6, 2020 and assigned Florida document number L20000235303 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LCT-E Learning Solutions, 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 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 , 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

Title	<u>Name</u>	Address 17 F. 14: 22	Type of Action
			□ Add
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Effective date, if other than the fan effective date is listed, the date in	ie date of filling:	annot be prior to	date of filing or more	(OP than 90 days af	tional) ter filing.) Pursuant t	o 605.0207
Note: If the date inserted in this I	block does not me	et the applicabl	e statutory filing r	equirements, t	his date will not b	e listed as
document's effective date on the	Department of Sta	ite's records.				
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e record specifies a delayed effect rd is filed.	ive date, but not a	n effective time	e, at 12:01 a.m. on	the earlier of:	(b) The 90th day	after the
ra is niea.						
October 8, 2020						
Dated			•			
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<i></i>	YVENTY		1			
	Signature of a ma	ember or authoriz	ed representative of	a member		
Michelle Singh, Mem		ember or authoriz	ed representative of	a member		

Filing Fee: \$25.00