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(R	equestor's Name)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations `		
SUBJECT:	NAMIC Educati Name of Limi	TOVA AWRERNESS ited Liability Company	· LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	STAILEY J.	STY(&s [// Name of Person	
	DYNAMEC B	Firm/Company	Nass LLC
	2516 Has	F11 14:11 10	
	-26) 11AS	Address	
	As a FI	7 7 7 1 7	
	MPOPER;	City/State and Zip Code	
		· ·	
	E-mail address: (to be used for future annual report not	fication)
For further information co			
<i>(</i>	/ /	7): 756 0	
S/Ai(5) Name o	Durson	at (<u>521</u>) <u>259-P</u>	299 De Telephone Number
SUBJECT:			
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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Division of C P.O. Box 632	•	Division of Co The Centre of T	-
1.0, 100, 032	ı	The Contro Of	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RINGERT C Polyrational AWARENESS LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan	v were filed on AU(K)	M. Lolo and assigned
	,	-
florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	MA	
•		
(Principal office address MUST BE A STREET ADDRESS)		20
		ě n
Enter new mailing address, if applicable:		m can
		. 00
(Mailing address MAY BE A POST OFFICE BOX)		3
		
B. If amending the registered agent and/or registered office	address on our records	, enter the name of the new registered
agent and of the new tagetter		
N.	//	
Name of New Registered Agent:	ding name, enter the new name of the limited liability company here: A	
New Registered Office Address:		
new neglacied office freezes.	Enter Florida stree	et address
		, 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 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 Type of Action Title Name <u>Address</u> MGR SALAY J. STEES 2565 HASKINHINGD DAD AMBR STAILEY J. STY/3= 111 2565 HASKILL HILL WAND Apopka, 7132712 - Remove WER Charlene C. SITES 2565 HASKILL HILLED DAGE Apoper 713412 Premove The I PERCENT TRUST 255 HASKITHILLE BADD
THE I PERCENT TRUST Appeka, 7132712 | CRemove _____ □Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	N/A	
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(If an e	tive date, if other than the date of filing:	nt to 605.0207 be listed as
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th cited.	lay after the
Date	1 NOVIII 2 2 , 2020.	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00