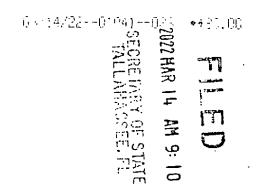
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Cusiness Entity Name)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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A. BUTLER MAR 2 8 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mountain Movers A Cademics Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Lindner
Name of Person MINERS ACADIMICS Firm/Company
3900 Estero Bay Lane
City/State and Zin Code City/State and Zin Code
For further information concerning this matter, please call:
Jenniter Lindner 239 238 0310
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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 FILED	
Mountain Maners ARTHARDER AMISES LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
CTALLAJIA SORE FO	
The Articles of Organization for this Limited Liability Company were filed on Story Transfer and assigned	
in a finite of organization for this Entitled Elability Company were rived on and assigned	
Florida document number L2000277056	
This amendment is submitted to amend the following:	
A If amounting a sum a sum who was a sum of the limited Hability against the sum.	
A. If amending name, enter the new name of the limited liability company here:	
mountain movers Academy 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)	
D. If amounting the amount and a seat and a seat and a seat and a seat a	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:	<u>ea</u>
apent and/or the new registered ornice address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
\ Elasida	
City , Florida 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>	<u>Name</u>	Address	Type of Action
			□Add
\			□Remove
			Change
			🗆 Add
			🗆 Remove
			Change
		/	□Add
			🗆 Remove
			Change
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			Change
	/		□Add
/	/		□ Remove
			□Change
			□ Add
			□Remove
			□ Change

f amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u>Note:</u> If	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	March 9 2022
	Child had
	Signature of a member in authorized representative of a member Jen ni fer Lindner
	Typed or printed name of signee

Filing Fee: \$25.00