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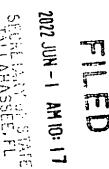
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Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

то:	Registration So Division of Co			
	EMBARK	PREP ACADEMY LLC		
SUBJI	ECT:	·		
		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LIDIA B TAI		
			Name of Person	
		 	Firm/Company	
		18004 SW 129TH CT		
			Address	
		MIRAMAR, FL 33029		
		LBAGUIDY@GMAHCO	City/State and Zip Code M	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
LIDIA	B TAI		954 654-4091	
	Name o	f Dorwan	at () Area Code Davtimo	Telephone Number
	Name	i i cisali	Atea Code 12aytiile	е тетеричие манажі
Enclose	ed is a check for th	ic following amount:		
□ \$ 2:	5,00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Centificate of Status & Certified Copy (additional copy is enclosed)

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

EMBARK PREPACADEMY LLC

company has been notified in writing of this change.

2022 JUN - 1 AM 10: 17

(Name of the Lin	nited Liability Company as (A Florida Limited Liabil	it now appears on our	records.)	
			TALLAHAGGES ST	
The Articles of Organization for this Limited		e filed on	and assigned	
Florida document number 1.20000302247				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability	company here:		
EMBARK TRANSPORT LLC				
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation	a "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE				
Trincipal office duties (1001-1127-1011)				
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>			
B. If amending the registered agent and/or		ess on our records.	enter the name of the new registe	
agent and/or the new registered office addr	<u>ess here</u> :			
	LIDIA B TAI			
Name of New Registered Agent:				
New Registered Office Address:	18004 SW 29TH CI	,		
	Enter Florida street address			
	MIRAMAR		, Florida 33029 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro-				
accept the obligations of my position as reg				

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
			□ Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Change
			□Add
			Петюче

Effective date, if other than the date of filing: (If an effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 dates after time.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. OS/26/2022 Dated Signature of Dates Seauthorized representative of a member					**					
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