L20000 304495

(Re	questor's Name)	
(Ad	dress)	
		
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(Cit	ty/State/Zip/Phone	÷ #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	





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COVER LETTER

Division of Corpo			
subject: <u>Clas</u>	SYDOM And Name of Limite	LESSON Maste	Cr, LLC
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Kaleigh (Saraner Name of Person	
	Classicom	And LESSon M	aster, LLC
	302 Shoul	P+ C+ #201 Address	
	Panama Cit	J Beach, FL, 2 City/State and Zip Code	32407
	KVOGCINI E-mail address: (to	3 @ gmcul. (a) be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	1 1:	
Kalligh Name of	Gardner	at (<u>585)</u> 330-1 Area Code Daytime	GDI Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate 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

d lesson Master, LLC

(A Florida Limited	(Liability Company)
The Articles of Organization for this Limited Liability Companies L2000304495.	y were filed on September 28, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	hility company here:
	2 0 2
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.IC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ω
	J: 56
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
many marcas miles see a se	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Kaleia	hoal Pt Ct #201
New Registered Office Address: 302 S	how Pt Ct #201

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.

Changing Registered Agent, Signature of New Registered Agent

Panama City Beach Florida 32407

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Koveign L Vogan	302 Shory Pt Ct	🗆 Add
		#201	&Remove
		Panama City Beuch, F1, 3.	2407 Change
AP	Kaleigh V Gardner	302 Shaul Pt Ct	iXindd
		#201	□Remove
	Panama City Beach, Fr. 3240]_ □Change	
			🗆 Add
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te: If the date ins	ther than the date of ted, the date must be spo erted in this block do e date on the Departm	ses not meet the ap	plicable statutory	or more than 90 days a	ptional) after filing.) Pursu this date will n	unt to 605.020 of be listed a
is filed.	elayed effective date.					day after the
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