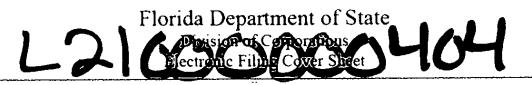
4/26/22, 4:54 PM

**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EDDIE FERNANDEZ, PA

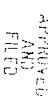
Account Number : I2019000058 : (407)574 5009 Phone : (407)574-5953 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

erika@applestaracademy.com Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E&M GRAYS HOLDINGS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&M GRAYS HOLDINGS LLC	A Clabilla Compa	BE DE IT DOW ADDRESS OF OUR PER	ords \	
(Saule of the China	(A Floride Utnited I	ny as it now appears on our recuired in Company)	<u>0(0)-</u> 1	
The Articles of Organization for this Limited Li Florida document number <u>L21000000404</u>	ability Company	were filed on 12/21/2020	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of				
		TAL INVESTMENTS LI		
The new name must be distinguishable and contain the w	ords "Limited Liabi	fity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		724 N Hastings Street	2	
•		Orlando, Florida 32808	22	
(Principal office address MUST BE A STREET ADDRESS)			: <del>10</del>	
			28 7	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		d a manage desired and the second by the		
			0	
B. If amending the registered agent and/or tagent and/or the new registered office addre	registered office ss here:	address on our records, <u>en</u>	ster the name of the new registered	
Name of New Registered Agent:	Eddie Fernandez, PA			
New Registered Office Address:	135 W Central	Blvd Suite 300		
	<u> </u>	Enter Florida street ac	lóres:	
	Orlando		, Florida <sup>32801</sup>	
		City	Zφ Cade	

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

Edden Farmanday

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. If amending Authorized Person(s) authorized to manage	, enter the title.	name, and	address o	f each person	being added
or removed from our records:					

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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l'ffactive	date, if other than the date of filing: (optional)
lf an effecti	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
Note: If i	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lists t's effective date on the Department of State's records.
e record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ard is filed.	
	prii 25 2022
Dated Ap	ori 25
	2X V-
	Signature of a member or authorized representative of a member
	<i>11</i>