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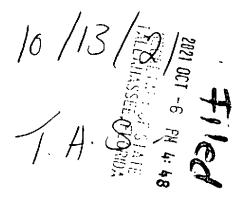
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | - |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | · 1 | |
|--|--|---|--|
| SUBJECT: AU | Florida TAge | 68 THES PRIVATE | Curien Sepurces, UC |
| The enclosed Articles of . | Amendment and fee(s) are subn | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | o the following: | |
| | Alex All Flouda 6651 Rem Dembroke | Address PIES, FI 3 City/State and Zip Code | Whe Course Services UC |
| | | o be used for future annual report noti | fication) |
| For further information con Alex R | oncerning this matter, please ca | at(786) 286 | ne Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| 的\$25.00 Filing Fee | ☐ \$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 \ | |
|--|---|
| All Florica Tags & Tilles, Prygle Courses, UC (Name of the Limited Liability Company as it now appears on our records.) | |
| (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on 1/26/2021 and assigned | |
| Florida document number <u>L2160047778</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| | |
| 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) | |
| | |
| | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg | ₫ |
| agent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| | |
| 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

| <u>Title</u> | Name O | Address | Type of Action |
|--------------|-------------|--|----------------|
| MGR | Alex Ruiz | 4343 S. State Rd7 # 109 | |
| | | 1343 S. State Pd7 # 109 DAVIE, Pl 33314 | / □Remove |
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| If amending any other information, enter change(s) here: (Attach additional sheets, i | j necessary.j |
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| Effective date, if other than the date of filing: | (optional) |
| If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | s after filing.) Pursuant to 605.0207 (|
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier | of: (b) The 90th day after the |
| ord is filed. | |
| Dated 10 4 202 | |
| | |
| Signature of a member or authorized representative of a member | |
| Rana Dia | |
| Typed or printed name of signee | |