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SUBJEC	SOAR Ac	ademy of Excellence, LLC		
oome		Name of Li	mited Liability Company	
The enclo	sed Articles o	f Amendment and fee(s) are su	hmitted for filing	
		ondence concerning this matte	_	
		Dr. Antrell L. Dirden		
			Name of Person	
		Soar Academy of Excelle	nce, LLC	
			Firm/Company	
		905 Arabia Ave		
			Address	···
		Opa Locka, Florida, 3305	4	
		finallytrell@yahoo.com	City/State and Zip Code	
			(to be used for future annual report not	ification)
For further	information c	concerning this matter, please of	rall:	
Dr. Antrel	l L. Dirden		305 458-0401 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	s a check for the	he following amount:		
□ \$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)
R D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOAR Academy of Excellence, LLC (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 02/25-2021 and assigned Florida document number L21000093453 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Dirden Expernce-Mentoring and Tutoring Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/A

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>	<u>Name</u>	Address	Type of Action
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			□Remove
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	Signature	of a member or authoriza	ed representative of a me	mber	
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Filing Fee: \$25.00