## 21000093453

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## **COVER LETTER**

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SUBJECT:	SOAR Academy of Excellence, LLC  The Name of Limited Liability Company						
SUBJECT.							
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Dr. Antrell L. Dirden					
		.= +	Name of Person	····			
	SOAR Academy of Excellence, LLC  Name of Limited Liability Company  Soed Articles of Amendment and fee(s) are submitted for filing.  surn all correspondence concerning this matter to the following:  Dr. Antrell L. Dirden  Name of Person  SOAR Academy of Excellence, LLC  Firm/Company  905 Arabia Ave  Address  Opa Locka, FL 33054  City/State and Zip Code  finallytrell@yahoo.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:						
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			Address				
		Opa Locka, FL 33054					
		-	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
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		E-mail address: (	to be used for future annual report no	otification)			
For further in	nformation c	oncerning this matter, please co	all:				
Dr. Antrell I	Dirden						
	Name o	f Person	Area Code Days	me Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
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		orporations	Division of Co				
P.C	). Box 632	7	The Centre of				
Tal	lahassee, I	FL 32314	2415 N. Mont	oe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 15 PH 1:57 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 2/25/2021 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 Experience, 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 , Florida N/A Zip Code 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>	21 <u>Address</u>	022 JUH 15 PM	1:57	Type of Action
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effective date is li e: If the date in	other than the date on isted, the date must be specieserted in this block does do date on the Departmonartmo	rific and cannot be pr is not meet the app	licable statutory fil		er filing.) Pursuant to	
cord specifies a	delayed effective date, l	out not an effective	time, at 12:01 a.m	i, on the earlier of: (	b) The 90th day	after the
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Filing Fee: \$25.00