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COVER LETTER

TO:	Registration Se Division of Co			
CUBIE		University, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pl e ase r	eturn all correspo	ondence concerning this matter	to the following:	
		Mark Hayes		
			Name of Person	
		Stockworth University, LL	.c	
Stockworth University, LLC Firm/Company 4705 S. Apopka Vineland Road, Suite 210		Firm/Company		
		4705 S. Apopka Vineland	Road, Suite 210	
			Address	
		Orlando, Florida 32819		
		 	City/State and Zip Code	
		jhayes@stockworth.com		
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information of	concerning this matter, please ca	all:	
Jodi Ha	yes		407 407-580-729 at ()	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for t	he following amount:		_
■ \$ 23	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Stockworth University, LLC		
(Name of the Limited Linb) (A Flori	ility Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 04/21/2021	and assigned
Plorida document number 1.21000172629	·	
This amendment is submitted to amend the following:		
L. If amending name, enter the new name of the lin	nited liability company here:	
Stockworth Institute, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 Changing Registered Agent, Signature of New Registered Agent

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
President	Jason Schmidt	4705 S. Apopka Vineland Rd., Suite 210	□ Add
		Orlando, Florida 32819	■Remove
			□Change
			🗆 Add
			Remove
			Change
			□ Add
			Remove
			□Change
<u></u>			□Add
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<u>ote:</u> II	e date, if other than the date of filing: (optional) 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	0207 d a s
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to be a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	the
Finated	2024	
	due to	
	Signature of a member or authorized representative of a member	
	Signature of a member of audity free representative of a member	

\$ 60 B

Filing Fee: \$25.00