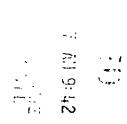
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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 |
|---|
| REFERENCE : 905363 8351244 |
| AUTHORIZATION AUTHORIZATION |
| COST LIMIT \$25.00 |
| |
| ORDER DATE : July 14, 2021 |
| ORDER TIME : 2:08 PM |
| ORDER NO. : 905363-005 |
| CUSTOMER NO: 8351244 |
| |
| DOMESTIC AMENDMENT FILING |
| |
| NAME: EDUCATIONAL LEADERSHIP |
| SERVICES, LLC |
| EFFECTIVE DATE: |
| |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION |
| RESIATED ARTICLES OF INCORPORATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY |
| XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| |

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:

| TO: | : Registration Section Division of Corporations | | | | | |
|-------------------------|---|--|---|---|--|--|
| SUBJE | | IONAL LEADERSHIP SERV | ICES, LLC | | | |
| 30000 | <u> </u> | Name of Lin | nited Liability Company | | | |
| The encl | osed Articles of | Amendment and fee(s) are sui | bmitted for filing. | | | |
| | | ondence concerning this matter | - | | | |
| | Donna Hulbert | | | | | |
| | | | Name of Person | | | |
| | | Tampa Bay Educational C | Consultant | | | |
| | | | Firm/Company | ····· | | |
| | | 3536 Enterprise Road Eas | t | | | |
| | | | Address | | | |
| Safety Harbor, FL 34695 | | | | | | |
| | | | City/State and Zip Code | | | |
| | | dlh7460@gmail.com | | | | |
| | | E-mail address: (| to be used for future annual report noti | fication) | | |
| For furth | er information c | oncerning this matter, please c | all: | | | |
| Donna H | ulbert | | 727 638-1608 at () | | | |
| | Name o | f Person | | e Telephone Number | | |
| Enclosed | is a check for th | ne following amount: | | | | |
| _ | 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 Addres Registration S | | <u>Street Address:</u> Registration Sec | ction | | |
| I | Division of C | orporations | Division of Corporations | | | |
| | P.O. Box 632 Fallahassee, F | | The Centre of T | | | |
| | i aiiaiiassee, F | L 32314 | 4413 N. MONTO | e Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDUCATIONAL LEADERSHIP SERVICES, 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 07/14/2021 _ and assigned Florida document number _L21000321723 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TAMPA BAY EDUCATIONAL CONSULTANT, LLC 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: 3536 Enterprise Road East (Principal office address MUST BE A STREET ADDRESS) Safety Harbor, FL 34695 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 register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

Zip Code

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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| ffective date, if other than the data effective date is listed, the date must be solve: If the date inserted in this blococument's effective date on the Dep | e specific and cannot be p | orior to date of filing or plicable statutory fili ords. | (option more than 90 days after fil ng requirements, this d | al) ing.) Pursuant to 605.0207 ate will not be listed as |
| record specifies a delayed effective of is filed. | late, but not an effectiv | ve time, at 12:01 a.m | on the earlier of: (b) | The 90th day after the |
| ated July 26th | 2021 | | | |
| DUNKA & | Yusbert | | | |
| Sig | nature of a member or au | uthorized representativ | of a member | |
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Filing Fee: \$25.00