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SECKETARY OF STATE
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COVER LETTER

TO:

Tallahassee, FL 32314

	ation Sec n of Corp	ction porations		
	autiful M	inds Learning Center, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	ticles of :	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		Christina Ables		
			Name of Person	
		Beautiful Minds Learning	Center, LLC	
			Firm/Company	
		4490 SE 6th Way		
			Address	
		Bushnell, FL 33513		
			City/State and Zip Code	
		ableschristina@gmail.com	to be used for future annual report not	rification)
For further infor	mation co	oncerning this matter, please ca	·	inication,
Christina Ables			352 232-6976	
·	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a che	eck for th	e following amount:		
□ \$25.00 Filin	g Fce	□ \$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)
	Address		Street Address:	netion
_		orporations	Registration Se Division of Co	
	ox 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beautiful Minds Léarning Center, LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company Florida document number L210 00324734	were filed on 7/16/2021	and assigned			
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4490 SE 6th Way				
Principal office address MUST BE A STREET ADDRESS)	Bushnell, FL 33513	2021 SEC			
Enter new mailing address, if applicable:					
Mailing address MAY BE A FOST OFFICE BOX)	Bushnell, FL 33513	SO AH C			
3. If amending the registered agent and/or registered office a	address an our records, ent	- 75 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °			
gent and/or the new registered office address here:	<u></u>	er the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street add	tress			
	Florida				
	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

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Title	<u>Name</u>	Address	Type of Action
AMBR	Christina Ables	4490 SE 6th Way	□Add
		Bushnell, FL 33513	□Remove
			MChange
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Signature of a member or authorized representative of a member		<u>U</u>	,	July							
			Signature	e of a membe	r or authoria	ed representa	ative of a men	ber	_		-

Filing Fee: \$25.00