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(Re	equestor's Name)	
(Ac	idress)	
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	,	
(Ci	ty/State/Zip/Phone #)	•
PICK-UP	☐ WAIT	MAIL
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(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	}
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Office Use Only



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COVER LETTER

TO:

TO: Registration Division of C			
	ATIONAL LIFE ACADEMY L	LC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	TAZINE JAFFER		
		Name of Person	
	INTERNATIONAL LIFE	ACADEMY LLC	
	 	Firm/Company	
	113 SOUTH VALRICO R	OAD	
		Address	
	VALRICO, FL 33594		
		City/State and Zip Code	
	WEISCD@GMAIL.COM		
	E-mail address: (to be used for future annual report noti	fication)
For further information	r concerning this matter, please c	all:	
TAZINE JAFFER		813 294-4767 at ()	
Nam	e of Person		e Telephone Number
Enclosed is a check fo	r the 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)
Mailing Add		Street Address: Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 6		The Centre of T	
i allahassee	, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL LIFE ACADEMY LLC	#41 SE1 30 MH 7: 45	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	-
The Articles of Organization for this Limited Liability Comp.	pany were filed on AUGUST 5, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
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:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	····
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	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 = M $AMBR = A$	anager uthorized Member	2021 ST 30 AM 7:4	C
<u>Title</u>	Name	Address	Type of Action
MBR	NOOR TOUKHLY-CHEBAB	10524 BERMUDA ISLE DRIVE	□Add
		TAMPA, FL 33647	≅ Remove
			□ Change
			🗀 Add
			□Remove
			Change
	 		□Add
			Remove
			🗆 Add
			□ Remove
			Change
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			Change
			□Add
			□Remove
			□ Change

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1-2-19	
Effective date, if other than the date of filing fan effective date is listed, the date must be specific and Note: If the date inserted in this block does not make the decument's effective date on the Department of S	SEPTEMBER 15, 2021 (optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 neet the applicable statutory filing requirements, this date will not be listed as tate's records.
record specifies a delayed effective date, but not d is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
SEPTEMBER 29	2021
	·
1011	member or authorized representative of a member
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	member or authorized representative of a member
TAZINE JAFFER	
	Typed or printed name of signee