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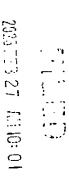
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T Greens 04/08/25

COVER LETTER

SUBJECT:	Blue Apple	Real Estate School, LLC					
SOBJECT.		Name of Lim	ited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		Robert Mabry					
			Name of Person		=		
		Blue Apple Real Estate Sc	hool, LLC				
			Firm/Company	,	-		
1420 Peachtree St. NE Ste. 100							
			Address		-		
		Atlanta, GA 30309					
			City/State and Zip Code		-		
		robertalanmabry@gmail.com					
		E-mail address: (to be used for future annual report notificati	on)		, ,	
For further in	iformation co	oncerning this matter, please co	all:	:		1523	••
Robert Mabr	У		404 904-5258			12 12 13 13	, 94 6
	Name of	Person		ephone Number			<u> </u>
						E: 5	· • <u>-</u> -
Enclosed is a	check for the	e following amount:				<u> </u>	
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certificat Certified (additional	te of Sta Copy	itus &	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

Blue Apple Real Estate School, 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 08/25/2021 ____ and assigned Florida document number L21000381198 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stepping Stone Real Estate School, 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) 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: \subset N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Circ

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			☐ Change
			□Add
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the Defective date on the Defective date.	ock does not m	eet the applicab	date of filing or mole statutory filin	ore than 90 days af	tional) er filing.) Pursuant to nis date will not be	605.0207 (listed as t
record specifies a delayed effective d is filed.	e date, but not :	an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
Dated February 21st		2025				
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//	→ → →		<u>_</u>			

Typed or printed name of signee