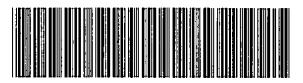
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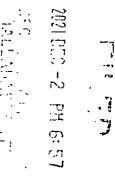
		
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor		•		
SUBJE		ucational Holdings LLC	·		
30001	C1.	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Rosa Sobhraj			
			Name of Person		
		Sobhraj Educational Holdi	ngs LLC		
		4	Firm/Company		
		2917 Ashton Тегтасе			
			Address		
		Oviedo, Fl. 32765			
		rsobhraj@yahoo.com	City/State and Zip Code		
			to be used for future annual report noti	ication)	
For furt	her information o	concerning this matter, please c	all:	(.) 	292
Rosa Sc			202 7443834 at ()	Telephone Number	030 (
	Name o	of Person	Area Code Daytim	Telephone Number	N .
Enclose	d is a check for t	he following amount:			PH ::
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fcc, Certificate of Status Certified Copy (additional copy is enclo	; & -

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

Sobhraj Educational Holdings LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records ability Company)	<u>r.</u>)
The Articles of Organization for this Limited Liability Company w	vere filed on 11/17/2021	and assigned
lorida document number L21000500270		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		22
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	**	Ab of the new regist
 If amending the registered agent and/or registered office ac agent and/or the new registered office address here: 	agress on our records, <u>enter</u>	the name of the new registr
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street addres	2
	, Flo	orida
	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
AMBR	Sant Sobhraj	2917 Ashton Terrace	□Add
		Oviedo, Fl 32765	■Remove
			□Change
AMBR	Neeta Sobhraj	2917 Ashton Terrace	□Add
		Oviedo, Fl 32765	≣Remove
			□Change
			□Add
			□ Remove
			Change
			□Ald □ Remove.
			Ghange
			□Add
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	t be specific and cannot be prior to date of fock does not meet the applicable statut		
	e date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The	90th day after the
ecord specifies a delayed effective is filed.			

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Filing Fee: \$25.00