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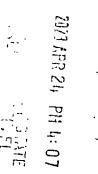
(Requestor's Name)					
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(Document Number)					
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COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
Main Stree	t Academies Florida Holdings	LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sofia Vasquez				
Name of Person					
	ZenBusiness INC				
		Firm/Company		-	
	336 E. College Ave Suite	301			
		Address		-	
	Tallahassee, FL 32301				~3
		City/State and Zip Code		- ··	1923 APR 24
	fulfillment@zenbusiness.co	om to be used for future annual report not	ificutions	-	200
For further information c	oncerning this matter, please c		meatemy		
	oncerning this matter, prease e				P:1 1: 07
c/o ZenBusiness INC		844 493-6249 at ()			-:
Name o	f Person	Area Code Daytir	ne Telephone Number	יח :	7
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Stati	
Mailing Address:		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Main Street Academies Florida Holdings 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 $\frac{01/01/2022}{1}$ and assigned Florida document number 1.21000520693 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __

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
MGR	James Spiers	3 West 102nd ST 2b	≅ Add
		New York, NY 10025	□Remove
			□Change
			□Remove
			□Change
			□Change 123 NAdd
			□Remove □Change
			m →
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _____ 2023 /s/ James Spiers Signature of a member or authorized representative of a member James Spiers, Manager

Filing Fee: \$25.00

Typed or printed name of signee