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COVER LETTER

	ion Section of Corporations					
	itional security managment educat	ion LLC				
SUBJECT:	Name of I	imited Liability Company				
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.				
Please return all co	rrespondence concerning this mat	ter to the following:				
	felipe hemandez		2ñ92			
		Name of Person	· 2 ·			
	international security m	anagment education LLC	2002 JUL 18 PM 2: 39			
		Firm/Company	7			
	300 king point Dr		2:			
		Address	: 5r 			
	sunny isles beach 33160)				
		City/State and Zip Code				
	presidencia@spartnerg.c					
	E-mail addres	s: (to be used for future annual report notification)				
For further informa	ation concerning this matter, pleas	e call:				
felipe hernandez		561 6176066 at ()				
	Same of Person	Area Code Daytime Telephone N	Number			
Enclosed is a check	k for the following amount:					
■ \$ 25.00 Filing	Fee	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee. ertificate of Status & ertified Copy ditional copy is enclosed)			
Mailing A		Street Address:				
	ition Section of Corporations	'Registration Section Division of Corporations				
P.O. Bo	-	The Centre of Tallahassee				
	ssee, FL 32314	2415 N. Monroe Street, St	uite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				20	
(Name of the Limi	ted Liability Company (A Florida Limited Lia	s as it now appears on our ability Company)	records.)	22 (11)	-: 1
The Articles of Organization for this Limited L	iability Company w	ere filed on febrary 17.	2022	and assigned	
				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر مار ا ا
This amendment is submitted to amend the following	lowing:			7 2: 9	١
international segurity management education 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 febrary 17 2022 Florida document number L22000078920 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: international security management education LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abt 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 agent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: vanessa ballesteros Enter Florida street address Enter Florida street address					
international security management education LLC					
The new name must be distinguishable and contain the v	words "Limited Liability	v Company," the designation	"LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applic	cable:	300 kings point Dr. sunn	y isles beach 33160		
(Principal office address MUST BE A STREE	ET ADDRESS)				
		300 kings point Dr, sunn	y isles beach 33160		<u> </u>
., .	**	dress on our records,	enter the name of	the new reg	istered
Name of New Registered Agent:	vanessa ballestero	OS .			
New Registered Office Address:					
		Enter Florida street	address		
	sunny isles beach		, Florida <u>33160</u>		
	 	City		Lip 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
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			□Remove
			[]Change
			□Add
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fective date, if other than to effective date is listed, the date is	nust be specific an	d cannot be prio	r to date of filing	g or more than 90	days after filin	g.) Pursuant to 60	5,02
<u>ster</u> If the date inserted in this cument's effective date on the				r ming requiren	ients, this dai	e will not be its	leu
ecord specifies a delayed effectis filed.	tive date, but no	t an effective t	time, at 12:01	a.m. on the earl	ier of: (b) - 1	he 90th day afte	er t l
ited july 15		2022		>			
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Typed or printed name of signee