422 000 102564

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------|
| | | |
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| • | , | • |
| PICK-UP | ☐ WAIT | MAIL |
| _ | _ | <u> </u> |
| (D. | | |
| (Bu | isiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer | - |
| | , ming Grider. | |
| | | |
| | J. HOR | _{NF} |
| | | |
| | JUN Z 5 | 2022 |
| | | |
| | | |
| | | |





400386854714

05/02/22--01051--017 **25.00



COVER LETTER

TO:

| | 4.7 | | | |
|--------------------|-----------------|---|--|---------|
| elib ie <i>c</i> t | Strive Lean | ning Solutions, LLC | | |
| SUBJECT | | Name of Lim | nited Liability Company | |
| The enclose | ed Articles of | ration Section on of Corporations rive Learning Solutions, LLC Name of Limited Liability Company riticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Nicole Niss Name of Person Strive Learning Solutions, LLC Firm/Company 1600 S Federal Hwy, Ste 210 Address Pompano Beach, FL 33062 City/State and Zip Code nikkiniss@gmail.com F-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: 1517 Name of Person 1517 348-2302 Area Code Daytime Telephone Number seek for the following amount: ang Fee \$\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | |
| | | Nicole Niss | | |
| | | | Name of Person | |
| | | Strive Learning Solutions, | LLC | |
| | | | Firm/Company | |
| | | 1600 S Federal Hwy, Ste 2 | 210 | |
| | | | Address | |
| | | Pompano Beach, FL 33062 | 2 | |
| | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | |
| | | nikkiniss@gmail.com | | |
| | | E-mail address: (| to be used for future annual report notification) | |
| For further | information c | oncerning this matter, please ca | all: | |
| Nicole Niss | s. | | | |
| | Name o | f Person | | - |
| Enclosed is | a check for the | he following amount: | | |
| \$25.00 | Filing Fee | _ | Certified Copy Certificate of St (additional copy is enclosed) Certified Copy | tatus & |
| | ailing Addres | | Street Address: Registration Section | |
| | - | Corporations | Division of Corporations | |
| P. | O. Box 632 | 27 | The Centre of Tallahassee | |
| Ta | allahassee, l | FL 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED DE MAY -2 PH 1:50 SECRELARISE DE STATION

Strive Learning Solutions, LLC

company has been notified in writing of this change.

(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 | 2 and assigned | | |
|---|------------------------------|---------------------------------------|--|--|
| Florida document number L.22000102564 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designati | on "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 1600 S Federal Hwy | | | |
| (Principal office address MUST BE A STREET ADDRESS) | SS) Ste 210 | | | |
| | Pompano Beach, FL 33062 | | | |
| Enter new mailing address, if applicable: | 1600 S Federal Hwy | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Ste 210 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Pompano Beach, FL 33062 | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | | | |
| | Enter Florida stre | et address | | |
| | Citv | , Florida Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | • | хір Соае | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my du | ties, and I am familiar with and | | |

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
| | | | 🖸 Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □ Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| | <u>.</u> | | | | _ |
|--|--|---------------------|--|---|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | - | | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becoment's effective date on the first date. | e date of filing: ist be specific and cannot be lock does not meet the Department of State's re | applicable statuto | ng or more than 90 days ry filing requirement | optional) s after filing.) Pursuant to s, this date will not be | 605.0207 listed as |
| ocument serious e date on the 12 | | | | | |
| record specifies a delayed effective is filed. | ve date, but not an effec | ctive time, at 12:0 | l a.m. on the earlier | of: (b) The 90th day a | fter the |
| record specifies a delayed effective is filed. | | | | | ifter the |
| record specifies a delayed effective is filed. | | | | | fter the |
| record specifies a delayed effective is filed. | | | | | fter the |