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Certified Copies	Certificates	s of Status
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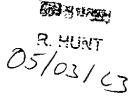
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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	Yan vs Name of Limi	ading Academy UC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Victo	Name of Person
		Firm/Company
	9600	NW 38th Street Suite 20
	Joral 1	FL ₁ 33178 City/State and Zip Code
	Info@cyc E-mail address: (1	o be used for future any full report notification)
For further information c	oncerning this matter, please ca	dl:
Victor Name o	Padilla f Person	at (954) 5298628 Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres	_	Street Address:
Registration S Division of C		Registration Section Division of Corporations
P.O. Box 632		The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cygnus trad	· - F	Acade my	LLC	
The Articles of Organization for this Limited Liability Compan Florida document number \(\begin{align*} \lambda & \text{OO LOH Q \ Q \ \eqricksquare \text{Q} \eqricksquare \text{OO LOH Q \ Q \ \eqricksquare \text{Q} \eqricksquar		1	18, 2022 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility compa	iny here:		
CYGNUS BUST				
The new name must be distinguishable and contain the words "Limited Liab	ility Company.	" the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			(2)	
(Principal office address MUST BE A STREET ADDRESS)				
			(3)	
Enter new mailing address, if applicable:				
			N -	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on	our records, <u>enter th</u>	ne name of the new register	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street address		
	Enter Piorida Sireel dauress			
	City	, Flor	ida	
New Registered Agent's Signature, if changing Registered Agent	•			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	ree to act in e performan provided fo	nce of my duties, and or in Chapter 605, F.	l I am familiar with and .S. Or, if this document is	

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
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			□ Add
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Filing Fee: \$25.00