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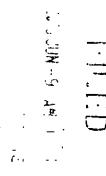
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## **COVER LETTER**

	gistration Sect vision of Corpo		•	· •	
SUBJECT:	North Fort M	yers Classical Conversations	LLC		
00000011		Name of Limi	ted Liability Company		
The enclose	d Anicles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspond	dence concerning this matter t	to the following:		
		Christine A da Silva		-	_
			Name of Person		
		North Fort Myers Classical	Conversations LLC		_
			Firm/Company		
		2202 Bolado Pkwy			
			Address		_
		Cape Coral			
		·	City/State and Zip Code		_
		1christinedasilva@gmail.co			,
			to be used for future annual re	рон поилсанов)	
For further	information cor	ncerning this matter, please co	ill:		
Christine A. da Silva		at (239 <u>851</u> -	4970 Daytime Telephone Numb		
	Name of I	Person	Area Code	Daytime Telephone Numb	<b>ਦ</b>
Enclosed is	a check for the	following amount:			
□ \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)

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

## NORTH FORT MYERS CLASSICAL CONVERSATIONS 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 C	Company were filed on March 18,2022	and assigned
Florida document number 1.22000135317	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
Learn in Community, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		. )
	<del></del>	[]
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address, on our records, <u>enter the t</u>	
New Registered Office Address:	Enter Florida street address	
	Florida	
<del></del>	Florida	Zip Code
New Registered Agent's Signature, if changing Registere	rd Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, and I a gent as provided for in Chapter 605, F.S. C ed office address, I hereby confirm that the	m familiar with and Or, if this document is

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
			⊡Remove
			□ Change
			🗆 Add
		<del></del>	□Remove
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		<del></del>	Change
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			□Change

ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 ote; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  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 is filed.  ated June 6.  2023  Admittaged A					
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