122000149729

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

· TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor			
Unlocked B			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dr. Ashleigh Barnes		
		Name of Person	
	Unlock Education, LLC		
		Firm/Company	
	110 Bridge Street,		
		Address	•••
	St. Augustine, FL 32084		
	ashleigh@univselect.com	City/State and Zip Code	
	-	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Ashleigh Barnes		912 4095849	
Name o	of Person	at () Area Code Daytii	me 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration S	ection
Division of C		Division of Co	

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

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Unlocked Education, LLC		FILE DIN 10
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	DN TO
The Articles of Organization for this Limited Liability Florida document number L22000149729	Company were filed on March 28, 2022	O Pand assigned and assigned 1.0810A
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Unlock Education, LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida _	
	City	Zip 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>	Name	Address	Type of Action
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			□Remove
			□Change
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	must be specific and cannot be prior to date of filing or more than 90 days is block does not meet the applicable statutory filing requirements.	
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	e Department of State's records.	
	e Department of State's records.	
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