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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRATEGIC EDUCATIONAL SOLUTIONS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRATEGIC EDUCATIONAL SOLUTIONS 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 Compar Florida document number L22000186493	ny were filed on <u>05/05/22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
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 agent and/or the new registered office address here:	e address on our records, <u>enter the nam</u>	e of the new registered
		20
Name of New Registered Agent:		22 JI
New Registered Office Address:	Enter Florida street address	48 48 48 48 48 48 48 48 48 48 48 48 48 4
	, Florida	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>	· 5

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 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
AMBR	Laverne Forbes	4616 Crimson Court	X) Add
		Plant City, FL 33566	□ Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
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Effective date, if other than the fan effective date is listed, the date managed in this believe date in this believe date on the I	ist be specific and i slock does not m	cannot be prior to eet the applicab	date of fung of more	(optional than 90 days after filing equirements, this dat) g.) Pursuant to 605.0207 (e will not be listed as t
e record specifies a delayed effecti d is filed.	ve date, but not a	n effective tim	e, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
Dated 06/03		2022			
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