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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	_
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Office Use Only



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COVER LETTER

TO:	Registration Sectorial Division of Corporate C			
	Scholarships	4 Us, LLC		
SUBJE	CT:	Name of Limite	d Liability Company	
The enc	losed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please r	return all correspon	dence concerning this matter to	the following:	
		Michael Duncombe		
			Name of Person	
		Scholarships 4 Us, LLC		
			Firm/Company	
		119 Plato St.		
			Address	
		Mankato, MN 56001		
			City/State and Zip Code	
		The Program @ Scholarships4	Us.com	
		E-mail address: (t	o be used for future annual report noti	ncauon)
For fu	rther information c	oncerning this matter, please ca	di:	
Micha	nel Duncombe		772 812-8555 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a check for t	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 Addre Registration Division of (Street Address: Registration So Division of Co	orporations
	P.O. Box 63 Tallahassee		The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

Region of the Control Scholarships 4 Us, 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 Company were filed on 05:11/2022 and assigned Florida document number L22000222806 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Thomas Abbott Name of New Registered Agent: 4779 NE Blue Heron LN New Registered Office Address: Enter Florida street address ____, Florida 34957-3788 Zip Code Jensen Beach

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.

City

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
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		••	□Add
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			□Change
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			□Add
		•	□Remove
			∏ Changa

HINCH	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Effect (If an el Note: docur	(optional) lective date, if other than the date of filing: lective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
ne reco	ord 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 filed.
•	d July 16th 2024
Date	Signature of a member or authorized representative of a member
	Michael Duncombe Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

	tegistration Sec Division of Com					
empire.	Scholarships	4 Us, LLC				
SUBJEC	Г:	Name of Limite	ed Liability Company			
The enclo	sed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please ret	um all correspor	ndence concerning this matter to	the following:			
		Michael Duncombe				
			Name of Persor	ı		
		Scholarships 4 Us, LLC				
			Fimt/Company	,		•
		119 Plato St.				
			Address		· · · · · · · · · · · · · · · · · · ·	-
		Mankato, MN 56001				_
			City/State and Zip	Code		-
		The Program @ Scholarships-	Us.com o be used for future a	nmiel moort notifi	(cation)	
For furth	er information c	oncerning this matter, please ca		imuai report notini	(cadon)	
Michael	Duncombe		772 at (812-8555		
	Name o	f Person	Area Cod	e Daytime	: Telephone Number	ਸ
Enclose	d is a check for t	he following amount:				
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	bb).	Certific	Filing Fee, cate of Status & cd Copy (al copy is enclosed)
	Mailing Addre Registration			reet Address: egistration Se	ction	
	Division of	Corporations	Division of Corporations The Centre of Tallahassee			
	P.O. Box 63 Tallahassee,				e Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scholarships 4 Us, LLC			
(Name of the Limite	Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on $\frac{05/1}{2}$	1/2022	and assigned
Florida document number L22000222806			
			
This amendment is submitted to amend the follow	wing:		17 M
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	esignation "LLC" or the abbre	
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
(Mauing duaress MAT BLAT GET GET SET	<u></u>		<u></u> .
B. If amending the registered agent and/or	registered office address on our i	ecords, enter the name	of the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	Thomas Abbott		
-	4779 NE Blue Heron LN		
New Registered Office Address:		orida street address	
	Lucan Darch	, Florida <u>349</u> .	57-3788
	Jensen Beach City	, riorius	Zip Code
	- Desistand Agents		

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
			□ Add
		-	□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
		_	□Add
		□Remove	
			□Add
			□Remove
			Change

	
	
	
Effective date, if other than	the date of filing:
If an effective date is listed, the date	must be specific and cannot be prior to date of filing or more than 90 days at a filing or
Tiole' it the muc uperten in th	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
e record specifies a delayed efferd is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 16th	2024
M	untul Muruly
. 0	Signature of a member or authorized representative of a member
Michael Duncombe	
	Typed or printed name of signer

· . . .

Filing Fee: \$25.00