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FALLAHASSEE, FLORIDA

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3. PRATHER

COVER LETTER

TO;		istration Se sion of Cor			
\$110.157	~·r.	Bright Star	s Tutoring Academy LLC		
309320	I.			ited Liability Company	
The encl	osed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ondence concerning this matter	to the following:	
			Michael Dempsey		
				Name of Person	
			ZenBusiness Inc.		
			100	Firm/Company	, , , , , , , , , , , , , , , , , , ,
			336 E College Ave, Ste 30	I	
				Address	
			Tallahassee, FL 32301		
				City/State and Zip Code	· ·
			fulfillment@zenbusiness.co	m to be used for future annual report	
For furth	er int	formation co	oncerning this matter, please ca	·	notineation)
Michael	Dem	psey c/o Ze	nBusiness Inc.	844 493-6249	
		Name of	f Person	at ()	rtime Telephone Number
Enclosed	is a	check for th	e following amount:		
■ \$25. 0	00 Fi	ling 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 Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUH -9 AM 7:

Bright Stars Tutoring Academy LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Flori	da Limited Liability Company)	7: 42 TALE LORID
The Articles of Organization for this Limited Liability	Company were filed on 05/18/2022	and assigned
Florida document number L22000232335	anana'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation "L.1C,"
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	PRESS)	
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:		ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	Cüy	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 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	Andrea Provost	6939 West 30th Ct	≘ Add
		Hialeah, FL 33018	□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			Add
			□Remove
		····	☐ Change
			□Remove
			☐ Change
			□Remove
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