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COVER LETTER

| Div | ision of Cor | porations | | | |
|--------------------|------------------------------|-------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------|--|
| SUBJECT: | | rning Development Center, LL | | • | |
| 30 3 01.01. | | Name of Lim | ited Liability Company | | |
| The enclosed | f Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Jillian Rowe | | | |
| | | | Name of Person | , | |
| | | Higher Learning Develops | nent Center, LLC | | |
| | | | Firm/Company | *** +===** | |
| | | P.O. Box 680555 | | | |
| | | | Address | | |
| | | Orlando, FL 32868 | | | |
| | | | City/State and Zip Code | | |
| | | hldc_2022@yahoo.com | | | |
| | | | to be used for future annual re | nort notification) | |
| For further in | nformation c | oncerning this matter, please c | all: | | |
| Jillian Rowe | | | 321 945- at () | | |
| | Name o | l'Person | Area Code | Daytime Telephone Number | |
| Enclosed is a | check for th | ne following amount: | | | |
| ■ \$25.00 F | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | iling Addres gistration S | | <u>Street Add</u> Registrat | | |
| | - | forporations | • | Registration Section Division of Corporations | |
| | D. Box 632 | | | re of Tallahassee | |
| t al | llahassee, l | rl 32314 | 2415 N. i | Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 19 PM 2: 29

Higher Learning Development Center, LLC

(Name of the Limited Liability Company as it now appears on our records.): UF STATE
(A Florida Limited Liability Company) TALLAHASSEF, FL

| The Articles of Organization for this Limited Liability Company | were filed on 06/01/2022 and assigned |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Florida document number L22000251977 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| Higher Learning Development Center, LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 636 N Wymore Road |
| (Principal office address MUST BE A STREET ADDRESS) | Winter Park, FL 32789 |
| | |
| | |
| Enter new mailing address, if applicable: | P.O. Box 680555 |
| (Mailing address MAY BE A POST OFFICE BOX) | Orlando, FL 32868 |
| | |
| | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| agent and/or the new registered office address here. | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: | Enter Florida street address |
| | P1=4. |
| | , Florida |
| New Registered Agent's Signature if changing Registered Agent | |

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> | Name | <u>Address</u> | Type of Action |
|--------------|--------------|-------------------|----------------|
| MGR | Jillian Rowe | P.O. Box 680555 | <u></u> |
| | | Orlando, FL 32868 | □Remove |
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| ective date, if other than the neffective date is listed, the date muster: If the date inserted in this blument's effective date on the December 2015 | be specific and cannot be ck does not meet the a | e prior to date of filing applicable statutory | g or more than 90 days after | filling.) Pursuant to 605,0207 |
| ecord specifies a delayed effectives filed. | date, but not an effec | tive time, at 12:01 | a.m. on the earlier of: (b) |) The 90th day after the |
| cd July 2 | 1 1 | 7 | | |
| | Signature of a member o | / | - - | |
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