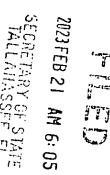


(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Čity/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				







COVER LETTER

TO: Registration S Division of Co			
God' Pron	nise Learning Academy		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Felicia Hawthorne		
		Name of Person	
	God's Promise Learning A	cademy	
		FirmvCompany	
	1535 Harbor Way		
		Address	
	Bartow, FL 338.0		
		City/State and Zip Code	
	feliciahawthorne227@gma		
	E-mail address: (o be used for future annual report notification)	
For further information	concerning this matter, please c	di:	
Felicia Hawthorne		863 512-6282 at ()	
Name	of Person	Area Code Daytime Telephone N	Sumber
Enclosed is a check for t	the following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee. ertificate of Status & ertified Copy tditional copy is enclosed)
Mailing Address Registration 3 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	FEB 21 AH CRETARY OF ALLAHASSE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

God's Promise Learning Acedemy
(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 June 7,2022 and assigned
Florida document number L22000259956
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
God's Promise Learning Academy LLC
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 register
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered Agent:
and agree to comply with t

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 Agents

D. If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)	
D. II amending the		
<u> </u>		
Note: If the date inserted in I	on the date of filing: (optional) ale must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 this block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.	07 (3)(b) as the
If the record specifies a delayed of record is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th	c
Dated	2023	
	Signature of a member or authorized representative of a member	2023 FEB 21
	Felicia Hawthorne	
	다. 어디 Tiling Fee: \$25.00	, (1)
	Filing Fee: \$25.00	٦ ٥٠