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SECRETARY OF STATE
JALLAHASSTE FLORID

## **COVER LETTER**

TO:

	istration Sec sion of Corp						
	Ed2gether. I	.LC.	•				
SUBJECT: Name of Limited Liability Company							
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspor	idence concerning this matter	to the following:				
		Dr. Kristina L. Chowning					
	Name of Person						
		Ed2Gether, LLC		7 22			
	2022 JUL -5 TALLAHASSE						
	2302 S. Manhattan Avc., #317						
		_	Address				
		Tampa, FL 33629		PH 3: 29 EE.FLORID			
			City/State and Zip Code	29 RID:			
		dr.kristinachowning@gmail	i.com to be used for future annual report noti	fication)			
For further in	formation co	oncerning this matter, please c					
Dr.Kristina l.	. Chowning		813 610-2678				
Name of Person		at () Area Code Daytim	c Telephone Number				
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling 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)			
	ling Address		Street Address:	ation			
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The Centre of T	The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ed2gether, LLC		
(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears on our recorded ted Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comparing the Lindson of Comparing Compa	any were filed on June 17, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
		JIL-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		<u> </u>
		29 29
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	City	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>	Name	<u>Address</u>	Type of Action
AMBR	Chowning, Kristina L Dr.	2302 S. MANHATTAN AVE.#317	<b>■</b> Add
		Tampa, FL 33629	□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
ADV	Harris, Christine, N Dr.	2532 W. TENNESSEE AVE.	
		Taqmpa, FL 33629	■Remove
			→ CA □Ckange
			CRETIONS IN
			rt\c =0
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Typed or printed name of signee