8/5/22, \$118 AM

Division of Corporations

## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDUCATION-RX LLC

Certificate of Status	0
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Page Count	01
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AUG 0 5 2022

To: 18506176383 From: 12147128131 Date: 08/05/22 Time: 3:19 PM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000264877 3)))

EDUCATION-RX LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp.	any were filed on 07/13/2022	and assigned
Florida document number L22000312178		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
EDU-RX LLC		
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	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		72 <b>A</b>
New Registered Office Address:		G -5
	Enter Florida street address , Florid:	PH PH
	City	Zip Zode
New Registered Agent's Signature, if changing Registered Age	ent:	33

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.

To:	18506176383	From:	12147128131	Date:	08/05/2	2 Time:	3:19	ΡМ	Page:	03/	'n.

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	(((H22000264877 3)))
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			□Add
			[]Rcmove
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			□ Add
			□Remove
			🗆 Add
			□Remove
			□ Change
<del></del>			□Add
			□Remove

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					(((m22000.	264877 3)))
. If am-	ending any other infor	mation, enter ch	ange(s) here: (Att	ach additional sh	eets, if necessary.)	
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Note:	ive date, if other than the fective date is listed, the date in this lent's effective date on the	s block does not me	ct the applicable sta	of filing or more than tutory filing requir	(optional) 90 days after filing.) Pursuar ements, this date will not	nt to 605,0207 (3)( be listed as the
he recor ord is fil	d specifies a delayed effected	ctive date, but not a	n effective time, at 1	2.01 a.m. on the e	arlier of. (b) The 90th d	by after the
	July 22		2022 B			
			77	<del></del>		
		Signature of a me	mber or authorized re	presentative of a mer	nber	<del></del>

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