Florida Department of Staff

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

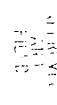
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:			
CILIDATE	AUUIESS.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDREW'S PLACE LEARNING CENTER, LLC

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDREW'S PLACE LEARNING CENTER, LLC (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 $\frac{09/22/22}{2}$ and assigned Florida document number L22000415541 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Spark2Ignite Learning Center, LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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 registered 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:

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
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			□Remove
			☐ Change
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Effective date, if other than the an effective date is listed, the date mutous and in this blocument's effective date on the f	st be specific and cannot be prior lock does not meet the applic	able statutory filing require		
record specifies a delayed effecti l is filed.	ve date, but not an effective ti	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day afte	er the
ated	2023	<u> </u>		
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	· ·	orized representative of a men	C	
	Signature of a member or auth	onzed representative of a men	iber	

Filing Fee: \$25.00