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	(Requestor's Name)	
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PICK-UF	WAIT	MAIL
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Special Instructions to Filing Officer.

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J. HORNE
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COVER LETTER

Registration Section

Tallahassee, FL 32314

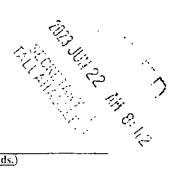
TO:

, Division of Corporations
SUBJECT: EMUNAH ACAJEMY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Sandra Rosario Name of Person
EMUNAH ACADEMY LCC
10376 E Colonial Dr Suite 118
City/State and Zip Code Sandral OSario 1124 @ Gmail - Com E-mail address: (to be used for inture annual report notification)
Sandra Vosario 1174 @ Gmail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra Rosavio at (40) 533-9)55 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EMUNAH Academi	1110
(Name of the Limited Liability Compa (A Florida Limited I	hy as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 220005109</u> .77	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10376 E (Olonial Dr Suite 118 Orlando FL 37817
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2921 Vineland Rd Suite A Kissimmer, FC 3\$746
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: San 2v	a Rosario

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 Agent

Enter Florida street address

Orlando b Florida 32817

City Zip Code

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

Title	Name	Address	Type of Action
MGR	Diaz Fraga, Saul M	1174 Rose Rd circle	□ Add
		orlando, FC, 32817	Remove
			□ Change
MGR Sandra Ros	Sandra Rosario	2921 Vineland Rd	DAdd
		Suite A kissimme FC3	¥ZY⊡Remove
			🗆 Change
			□ Add
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			Change
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			Remove
			Change
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It an et <u>Note:</u>	fective date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	6-22-, 23
	Signature of a member or authorized representative of a member
	Sandra Rosario Typed or printed name of signee

Filing Fee: \$25.00