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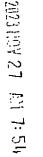
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Certified Copies	. Certificates	of Status
Special Instructions to F	Filing Officer:	
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Office Use Only

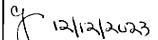


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## COVER LETTER

TO: * Registration Section Division of Corporation		•	•
SUBJECT: SUNShi	ne State Edu	vation LLC	v
	Name of Lim	nited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub	omitted for filing.	
Please return all corresponder	tee concerning this matter	to the following:	
	Sana John	son	
-		Name of Person	·
-		Firm/Company	<del></del>
	1901 Fast S	lvergings Bud	#1040
~	11 40 3	Address	
	Ocala, FL	34470	
_		City/State and Zip Code	
_	Sunstand & C	34470 City/State and Zip Code  amail. Com  The used for future annual report not	ification)
For further information conce			,
<i>c</i>			_
Sara Johnson	<u> </u>	at ( <u>352</u> ) <u>673</u> Area Code Daytin	ne Telephone Number
Func Of Fets	KAI	Auca Code Daytin	ne Tetephone Number
Enclosed is a check for the fol	lowing amount:		
≰\$25.00 Filing Fee □	1 \$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)
Mailing Address:		60	
Registration Secti		Street Address: Registration Se	ection
Division of Corpe P.O. Box 6327	orations	Division of Co	
Tallahassee, FL 3	2314	The Centre of 2415 N. Monro	Fallahassee oc Street, Suite 810
		Tallahassee El	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine State	Education LLC	2023 HDV 27 AH 7: 54
(Name of the Limited I	Liability Company as it now appears on our r Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi Florida document number <u>L22000526</u>		5, 2022 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Maiance LLC The new name must be distinguishable and contain the words		"LLC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:  Muiling address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regisagent and/or the new registered office address h		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
-	City	, Florida
	(Sil)	my 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 Changing Registered Agent, Signature of New Registered Agent

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
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
		<del></del>	□Add
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			□Change
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			□Remove
			☐ Change
			□Add
		n,	□Remove
			☐ Change

#### Page 2 of 3

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• _	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo Note:	ve date, if other than the date of filing:
the rec ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated_	November 22 . 2023.
	Signature of a member or authorized representative of a member
	Sara Johnson Typed or printed name of signee

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Filing Fee: \$25.00