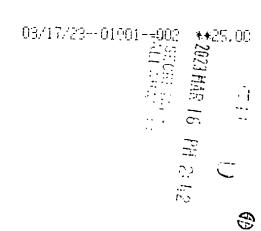
L23000093195

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer: J. HORNE MAK, 6 2023





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COVER LETTER

TO: Registration Division of	n Section Corporations	
	RDEN EDUCATIONAL CONSUL	TANTS LLC
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Article	s of Amendment and fec(s) are sub	omitted for filing.
Please return all corr	respondence concerning this matter	to the following:
	SONYA R DURDEN	
		Name of Person
		Firm/Company
	1270 NW 178 TERRACE	
		Address
	MIAMI, FLORIDA 3316	
	SONYARDURDEN@GM	City/State and Zip Code AIL.COM
		(to be used for future annual report notification)
For further informati	ion concerning this matter, please c	all:
TERRYKA DURDI	EN .	850 273-3536 at ()
Na	me of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
■ \$25.00 Filing Fe	ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Division P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HAR 16 PH 2: 4,2

S. DURDEN EDUCATIONAL CONSULTANTS LLC

SECRETARY TALLAHAT TIVE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 1.23000093195
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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 registere agent and/or the new registered office address here:
Name of New Registered Agent:
agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: Enter Florida street address
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code
Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Address</u>	Type of Action
AMBR	SONYA R. DURDEN	1270 NW 178 TERRACE MIAMI, FL. 33169	■Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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			[]Change

). If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an effective Note: If the	late, if other than the date of filing:
the record spectord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/16/2023 Jenul Kao Dilad
-	Signature of a member or authorized representative of a member
-	Terry Ka Durder Typed of printed name of signee

Filing Fee: \$25.00