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COVER LETTER

TO: Registration Section Division of Corporations	COVER LETTER
SUBJECT: JUST FOCUS	ONLINE LEARNING LLC Name of Limited Liability Company
The enclosed Articles of Amendment Please return all correspondence conce	and fre(c)
	dessica R Page Name of Person
11	Firm/Company
M	South Blyd E # 1011 Address acclenny FL 32063
JPage E-r For further information concerning this mat	City/State and Zip Code O JUST FOCUS On line learning. Companiel address: (to be used for future annual report notification) ster. please call:
Name of Person	at (919) 605 - 0748 Area Code Daytime Telephone Number
Enclosed is a check for the following amount \$\int \sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\s	For R.
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Table

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST FOCUS ONI	INE LEARNING LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
(Name of the Country)	V Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	bility Company were filed on <u>April 14, 2033</u> and assigned
Florida document number <u>L &3 000 18 5</u>	<u>407</u>
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or rep	gistered office address on our records, enter the name of the new registered
agent and/or the new registered office address	here;
	marries of the state of the sta
Name of New Registered Agent:	
New Registered Office Address:	프를 3
	Enter Florida street address
	Florida
	City Zin 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 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>	Name	Address	Type of Action
AMBR	Nathan D Page	11 South Blvd E, # 1011	□Add
		Macclenny, FL 32063	BRemove
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ne. If the date	other than the d listed, the date must inserted in this bloo ive date on the Dep	K does not mee	title applicable	ate of filing or more statutory filing t	(option than 90 days after frequirements, this	nal) 1iling.) Pursuāļ date will not	in to 663,0207 t be listed as
ceord specifies	a delayed effective	date, but not an	effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th o	lay after the
is filed.							
is filed.	th of Decem	ber·_	<u>aoas</u>				
is filed.					a member		

Filing Fee: \$25.00