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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ting Officer:	





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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: <u>C</u> C	ADEMIC SUC	cess team L	LC_
		,	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
		aranguren GA Name off Person	
	_ (l'Capemic	Success Tea	in LLC
	11446 Sw	35 LANL Address	
	Migmi F	10rina 33165 City/State and Zip Code	
	Michale at	TNXL MIAMI. Co o be used for future annual report notifi	O(Cation) (2)
For further information co	oncerning this matter, please ca	H:	
Nichole ar	anguren Gatc	Area Code Daytime	4050 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	☐ \$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 Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	
P.O. Box 632	-	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACADEMIE Succ	ess team LLC
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{5/4/2023}{4}$ and assigned $\frac{7.5}{4.5}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	1
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip 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>	<u>Address</u>	3300 SW 116 PlACE	Type of Action
AMBR	Jorge alberto Aran	guces	Miami, Florida 33	Ko5 ⊠Add
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after filing.) Pursuant to 605.02 atutory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
filed.	
ed July 11 . 2023 .	
ed July 11 . 2023 .	<u> </u>
	epresentative of a member
Signature of a member or authorized re	