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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : **I200000000019**Phone : (305)552-5973
Fax Number : (385)675-5944

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLI'S SCHOOL SERVICES LLC

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K. SALY JUL 27 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLI'S SCHOOL SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/05/2023 _____ and assigned Florida document number L23000271553 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

_, Florida _

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LAZARUS CORPORATE

PAGE 03/04

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
MGR	SOLANGE K. HIGUERA M.	9954 SW 224TH ST. UNIT 306	
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		CUTLER BAY, FL 33190	□Remove
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effective date is listed, the date: If the date inserted in the	te must be specific and cannot his block does not meet the	be prior to date of filing or applicable statutory fil	more than 90 days after	filing.) Pursuant to 505 02
ument's effective date on t	the Department of State's a	ecords.	5 ,,	
cord specifies a delayed eff filed,	fective date, but not an effe	ective time, at 12:01 a.m	. on the earlier of; (b) The 90th day after the
W W & CO				
JULY 20 ed	2023	} 		
	1			

Typed or printed name of signee