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Special Instructions to	Filing Officer:	
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11/07/23--01010--012 **25.00



COVER LETTER

TO: Registration Se Division of Cor		•	•
	ACADEMY 2 LLC	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOYCE MARCELLY DO:	S SANTOS PINHEIRO	
		Name of Person	
		Firm/Company	
	13N 6TH STREET		
		Address	
	NEWARK, NJ 07107		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ea	all:	
JOYCE MARCELLY D	OS SANTOS PINHEIRO	321 436-5110	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

t now appears on our records.) y Company) filed on 06/15/2023 and assign	ed
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Enter Florida street address	
Florida	
Zip Code	
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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
AMBR	SAMUEL ALVES COSTA	5016 PARK CENTRAL DRIVE 2228	= Adđ
		ORLANDO, FLORIDA. 32839	
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OCTOBER 31 2023	is filed.					
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Typed or printed name of signee