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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Florida Connec	
The enclosed Articles of Amendment and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	following:
Ed Hil	Name of Person
Florida	Connect 2 cademy
3551 Blain	Connect 2 cademy Firm/Company -stone Rd, STE 128-PMB 290 Address
Tallahas	see, Fr 32311
Florida co E-mail address: (to be to	Ste F 32311 y/State and Zip Code nnectocode (agmail. Com) sed for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (SSO) S 15 - 8727 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

	0.	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 23000304515</u> .	٨	on our records.) 4 23 24 and assigned 7
This amendment is submitted to amend the following:		्राप्ति 🐱
A. If amending name, <u>enter the new name of the limited</u>	i liability company her	≟ :
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(2.5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	a 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>	Address	Type of Action
$\sqrt{}$	Joanna Lypenhaver	756 Breakers St.	⊠ Add
	•	Inlet Beach, Fr 324	Remove
			□Change
<u> </u>	Edwin Hill	3660 Biltmore ave	□Add
		Tallahassee 03231	Remove
			Change
			🗆 Add
			□Remove
			□Change
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ffacti	ve date, if other than the date of filing: (optional)
an effe ote:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and on the Department of State's records.
record is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	July 08 , 2024.
	July 08 . 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00