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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations EduPro.Solutions, LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lillybeth Guilfucci-Gonzalez Name of Person EduPro.Solutions, LLC Firm/Company 10659 NE 11th CT Address Miami, FL 33138 City/State and Zip Code lguilfucci@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lillybeth Guilfucci-Gonzalez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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EduPro.Solutions, LLC		<u>P</u>	
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	cords.)		
(A riorida Limited Liabinty Company)		~	
The Articles of Organization for this Limited Liability Company were filed on 09/30/2023		and ass	igned
Florida document number L23000432388			
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 a	bbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, <u>en</u>	iter the nar	ne of the nev	v regista
agent and/or the new registered office address here:	ter the nan	ne or the nev	region
			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
Enter Florida street aa	laress		
	, 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 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
AP	Briceno de Araujo, Barbara Elena	10659 NE 11th CT	□Add
		Miami, FL 33138	□Remove
			≅ Change
			□Add
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ective date, if other than the date effective date is listed, the date must be: If the date inserted in this block ument's effective date on the Department.	k does not meet the app	olicable statutory	or more than 90 day:	optional) safter filing.) P s, this date wi	Pursuant to 605.0
cord specifies a delayed effective of s filed.	late, but not an effectiv	e time, at 12:01 a	a.m. on the earlier	of: (b) The	90th day after
September 25					
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	gnature of a member or a	01.			

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