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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			·
	D SEED LEARNING CENTER	RILLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and feets) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KIMBERLY W HUBBAR	RD	
		Name of Person	
		Firm/Company	2023 2023
	2017 WILKINS AVE AP		กเขารีเก็น อีรี เช่าสักอ์เหล้าเอียร 2023 OCT -2 PH 3: 18
		Address	-2 F
	WEST PALM BEACH, F	LORIDA 33401	28 PH 3: 18
	HUBB5957@GMAIL.CON	City/State and Zip Code	8 10%
		to be used for future annual report notif	ication)
For further information	concerning this matter, please o	all:	
KIMBERLY W HUBB	ARD	561 667-0335 at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addro</u> Registration		Street Address: Registration Sec	etion
Division of (Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee		The Centre of T	allahassee · Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	lity Company as it now appears on our record da Limited Liability Company)	<u>ls.</u>)
he Articles of Organization for this Limited Liability		
orida document number 1.23000441644	·	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited liability company here:	
IUSTARD SEED LEARNING TREE LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation பூL.C."
nter new principal offices address, if applicable:	NA	SECTO 1715)
Principal office address MUST BE A STREET ADD	ORESS)	O RET
		TILE CO
		P 3990
	NA	<u>-</u>
nter new mailing address, if applicable:	<u> </u>	-
Mailing address MAY BE A POST OFFICE BOX)		·-
. If amending the registered agent and/or register		the name of the new regi
gent and/or the new registered office address here		
Name of New Registered Agent: NA		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre:	N.
	n	a wida
	, FI	orida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		NA	
			□Change
			□Add
			Remove
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			SECRETARY OF STATE OF
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ctive date, if other than the date of filing: $\frac{09/27/20}{2}$			(optional))	
effective date is listed, the date must be specific and cannot be pr	rior to date of filir	ng or more than 90	days after filing	.) Pursi	iant to 605.0
e: If the date inserted in this block does not meet the appument's effective date on the Department of State's record		y thing requiren	ients, this date	: will n	iot be lister
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ord specifies a delayed effective date, but not an effective filed.	e time, at 12:01	a.m. on the ear	ter of: (b) 1	ae 90tr	i day aiter
THEC.					
SEPTEMBER 27 2923					
ed <u>SEPTEMBER 27</u> . <u>2023</u>					

Typed or printed name of signee