L2400052336

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(614) 516161 - 1,51161 - 1,5
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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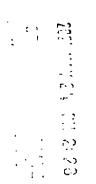
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6/12/24



COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Larr Name of Limi	A SYC LLC ted Liability Company		
	, value (// /2/lill	ted maximy company		
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Merror	1 Corrior)	
		Name of Person		
		Firm/Company		
	4201 51	N 17 AVC		
	Mromi	PL 33175	-	
	meiraca	City/State and Zip Code	noil.com	
		o be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	ill:		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	S30.00 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)	2000 mm Co
				: 7
3.5 322 4.13		Daniera Aultiliani.		

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

LEARN MORE LLC

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 1/29/2024	and assigned
Florida document number L24000052336	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		 .
(Mailing address MAY BE A POST OFFICE BOX)	. ,	
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	
		rida
	Ciţ	Zip Code 2
New Registered Agent's Signature, if changing Registered /	Agent:	
thereby accept the appointment as registered agent an orovisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and nt as provided for in Chapter 605, F	d Lam familiar with and S.S. Or, if this document is the limited liability

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

Title	<u>Name</u>	Address	Type of Action
MGR	MEIRAH LOPEZ CARRION	4201 SW 117 AVENUE MIAMI FL 33175	= Add
			□Remove
			□Change
			□Add
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	date, if other than the date of filing:		
	s effective date on the Department of State's records.	רמ יינו	20
		:	
cord sp is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day afte	-
	7-111/2221		#2 E.3
	5/9/2029		- !
ted			$\dot{\omega}$
ted	$\frac{1}{10000000000000000000000000000000000$		L/)

Filing Fee: \$25.00