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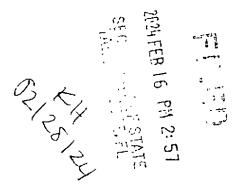
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACADEMIC DASIS LLC 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:	
Shannon Olson Name of Person	
Academic Dasis	
595 North Nova Rd. Suite 206	
Ormand Beach F1 32174 City/State and Zip Code	
inear + tutor ina Shannon @ gmail. (OM) E-mail address: (to be used for fugire annual report notification)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call: Shannon DISON at (384) 334-9486 Name of Person at (280) Daytime Telephone Number	. t - 771
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V+CAACMIC DUSIS U	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000041382</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1089 W. Granada Bard
(Principal office address MUST BE A STREET ADDRESS)	Origina beach Fi 32174
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	595 N. Nova Rd Suite 204 Dymond Beach, Fl 32174
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	(i) (ii) (iii) (ii
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

Zip Code

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>	<u>Address</u>	Type of Action
MOR	<u>Shannon Olson</u>	595 N. Nova Rd	□Add
		Ormand Beach, Fl	□Remove
		32174	CAChange
MGR	Jaclyn Veloce	595 N Nova Rd	□Add
		Ormand Beach, FI	□Remove
		32174	DChange
MOR	Mitch Veynovich	595 N Nova Rd	iXAdd
	, i	Ormond Beach, Fl	□Remove
		32174	Change
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Romove
			2: 可包Change
			□Add
			□Rепюve
		· · · · · · · · · · · · · · · · · · ·	□Change
			□ Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if need	cessary.)
	
	
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E. Effective date, if other than the date of filing:	r filing.) Pursuant to 605.0207 (3) is date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (brecord is filed.) The 90th day after the
Dated February 13 2024	
Dated February 13 2024 Summer Of a member or authorized representative of a member	
Shannon Olson Typed or printed name of signee	