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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
	_	
☐ bick-nb	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
	J. HORN	Ē
	MAR 2 5 20	
	MAK 4 7 (I)	29

Office Use Only



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03/12/24--01026--002 **30.00



COVER LETTER

Division of Co				
SUBJECT:	FUTUF	RF LLC		•
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	G	DRI DEEN Name of Person		
	THE VA	ERSITY PATHW	AY	-
	7901	47H ST N. S-	TE 300	
	_	RSBURG, FL. City/State and Zip Code EEN@ GOREX Co to be used for future annual report notif		. A.Z.U
For further information	concerning this matter, please c			
	DEEN of Person	at (<u>813</u>) <u>326</u> Area Code Daytime	- 0418 e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

OF

FUTURF LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEB 07, 2024 and assigned Florida document number <u>L24 0000 70113</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE VARSITY PATHWAY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			□Remove
			□Change
			
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Remove
			□ Change
			DAdd
			□Remove
			□ Chanue

If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: Ti	e date, if other than the date of filing:
he record ord is file	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 d.
Dated _	MARCH 8 2024
	Signature of a prember or authorized representative of a member
	GORI DEEN
	Typed or printed name of signee