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COVER LETTER

TO: Registration S Division of Co						
	FLORIDA, LLC					
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filling.				
Please return all corresp	oondence concerning this matter	to the following:				
	Kathy Riano-Lopez					
	Name of Person					
	Riano & Associates, LLC					
Firm Company						
	9720 Stirling Road, Ste. 204C					
	·	Address				
	Cooper City, FL 33024					
	City/State and Zip Code					
	`kathy@rianolaw.com	to be used for future annual report noti				
For further information	concerning this matter, please c		neutra)			
Kathy Riano-Lopez		754 400-9896				
Name of Person Area Code Daytime Telephone Num		e 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)			

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

ISAEDU FLORIDA, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ocars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L24000127539}{L24000127539}$.	03/14/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>r here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," to	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
Principal office address MUST BE A STREET ADDRESS)	T _e
	· ·
	· •
Enter new mailing address, if applicable:	7.7
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	Kathy Riano-Lopez	9720 Stirling Road, Ste. 204C	□Add
		Cooper City, FL 33024	≣Remove
		9720 Stirling Rd, ste 2041	<u>C</u> □Change
MGR Juan David Restrepo	Juan David Restrepo	Cooper City, FL 33024	= Add
		 	∐Remove
		[Change	
		∐Adđ	
			□Remove
			□Change
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			🗀 Add
			🗀 Remove
			[]Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: May 2, 2024 _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated May 2

Filing Fee: \$25.00

Typed or printed name of signce

moer or authorized representative of a member

Signature of a my

Juan David Restrepo