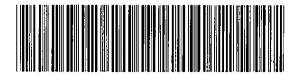
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		NIVERSITY INVESTMENT	GROUP, LLC	
SUBJEC	·••	Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Dr. Hajar Ouhammou		
			Name of Person	
		Otero Consulting Group		
			Firm/Company	
		3070 Park Pond Way		
			Address	
		Kissimmee, FL 34741		
			City/State and Zip Code	-
		Incorporate@askotero.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please c	all:	
Dr. Haja	r Ouhammou		407 900-2622	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25. 0	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 Addres	s·	Street Address	

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

STRIDE UNIVERSITY INVESTMENT GROUP, LLC

(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	t now appears on our records y Company)	<u> </u>
The Articles of Organization for this Limited I	Liability Company were	filed on 05/02/2024	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability o	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			· · · ·
Mailing address MAY BE A POST OFFICE	<u></u>	.	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or	<u>.</u>	ess on our records, <u>enter</u>	the name of the new regis
agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	VIVEK KUMAR SE	NGH	
New Registered Office Address:	9100 Conroy Winder	mere Road	
		Enter Florida street addres:	s
	Windermere	, Flo	orida <u>34786</u>
	(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.

VINER Kunow Supl 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	Membe:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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Filing Fee: \$25.00