

To:

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2024-10-08 05:25:37 UTC-14

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From: ZenBusiness Use

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0676

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PA EDUCATION CENTRAL LLC

Certificate of Status	0
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2024 OCT -7 PM 2:29

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Corporate Filing Menu

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OCT 08 2024

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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PA Education Central 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 09-11-2024 and assigned Florida document number 124000396877.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PA Student Success LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4824 Royal Dornoch Circle

(Principal office address MUST BE A STREET ADDRESS)

Lakewood Ranch, FL 34211

Enter new mailing address, if applicable:

PO Box 110493

(Mailing address MAY BE A POST OFFICE BOX)

Lakewood Ranch, FL 34211

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

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Patrick Williams	PO Box 110493	☐ Add
		Lakewood Ranch, FL 34211	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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