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COVER LETTER

TO: Registration Se Division of Cor					
	AMERICAN ACADEMY, LLC	;			
SUBJECT:	<u>. </u>				
	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SABRINA MALEK-GHE	FFI, ESQ.			
	 	Name of Person			
					
	CORAL GABLES, FL 33	134			
		City/State and Zip Code			
	saslestudio@gmail.com		<u> </u>		
	E-mail address: (to be used for future annual report notifi	cation)		
For further information of	concerning this matter, please c	all:	· .	202	
Sabrina Malek-Ghetti, E	sq.	305 505 1366	A. C.	I3S h	ी सरद्री क
Name o	of Person	at () Area Code Daytime	Telephone Number	2024 SEP 24	turn
Enclosed is a check for t	he following amount:		60 c 60 c 60 c 60 c	₽ <u>₩</u> 3:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. 3. Certificate of Status & Certified Copy (additional copy is enclosed)	3	

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

FRENCH AMERICAN ACADEMY, 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 __ and assigned 1.24000397073 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here; MARTINAT FRENCH-AMERICAN SCHOOL, 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 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
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If in effective date is listed, the date must b Note: If the date inserted in this block	c does not:	meet the ap	oplicable st	atutory filin	g requireme	nts, this da	ng.) Pursuit ite will no	t be liste	d a
document's effective date on the Depa	irtment of	State's reco	ords.						
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SEPTEMBER 19		2024							
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Dated		1 1							
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Filing Fee: \$25.00