Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

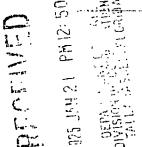
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:____



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YUWAY EDUCATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUWAY EDUCATION LLC			
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/1	4/24	and assigned
Florida document number L24000439176	_ ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :	
IVNO GROUP LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	E.S.S)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			53
		-	CJ CJ
		÷.	<u> </u>
B. If amending the registered agent and/or registered	office address on our rec		of the new registered
agent and/or the new registered office address here:			<u> </u>
Name of New Registered Agent:		•	
			
New Registered Office Address:			·
	Enter Florid	a 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.

1/20/2025 17:41:38 PST To: 18506176383 Page: 3/4 Fax: 8134365206

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>	<u>Address</u>	Type of Action
			🖸 Add
			□Remove
		151	□Change
			□ Add
			DRemove
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			□Add
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(If an effectiv <u>Note:</u> If th	e date is listed, the date inserted in	an the date of filing ate must be specific and this block does not no the Department of S	I cannot be prior to neet the applica	o date of filing or n	nore than 90 days aft	tional) er filing.) Pursuam to 605, nis date will not be liste	.0207 (3)(ted as the
f the record spectord is filed.	ecifies a delayed e	ffective date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day after	the
Dated Jan	uary 20		2025	<u>.</u> .			
		Signature of a r	nember or author	ized representative	e of a member		
	Nat Smith	Englisher Of a t	menner of analog	neo representativ	cora member		

Typed or printed name of signee