L110000 41172

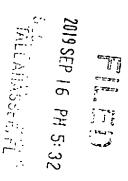
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUBJE		S EDUCATION LLC		
30031		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		MARIE B. CODE, ESQ.		
			Name of Person	
		MARIE B. CODE, ESQ.,		
			Firm/Company	
		1308 SW 27TH TERRAC		
			Address	· -
		CAPE CORAL, FLORIDA		
		MARIE@MARIEESQUIR	City/State and Zip Code E.COM	
		E-mail address: (to be used for future annual report notific	ration)
For furt	her information o	oncerning this matter, please co	all:	
MARIE	B. CODE, ESQ		239 829-0063 at ()	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne following amount:		
	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVISORS EDUCATION LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on APRIL 6, 2011	and assigned
Florida document number L11000041172	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
REAL ADVISORS, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2019
		- 3S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(A)
	!	F. 3
		<u>π. ω</u>
B. If amending the registered agent and/or registered of	ffice address on our records, enter	
registered agent and/or the new registered office address here	<u>. </u>	
N. CM. D. i		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Non-Books, 14, of Cl., 18, 18	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:

$\mathbf{MGR} = \mathbf{M}$ $\mathbf{AMBR} = \mathbf{A}$	ianager authorized Member		
Title	Name	Address	Type of Action
			□ Remove
			☐ Change
			Remove
			□ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			
			☐ Remove
			☐ Change
			
			☐ Remove

Effective date, if other than the date of filing: (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 605.020°. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member FRANCIS ABLOLA	_						
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The goth day after the record is filed. September 6 September 6 Signature of a member or authorized representative of a member							
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Dated SEPTEMBER 6 2019 Signature of a member or authorized representative of a member	Note: If	tive date is listed, the date must be s the date inserted in this block of	specific and cannot be foes not meet the ar	prior to date of filin	g or more than 90 da	on nAm Glima) Dames -	to 605.0207 oc listed as
Signature of a member or authorized representative of a member	he reco The 9	rd specifies a delayed eff Oth day after the record	ective date, but is filed.	not an effect	ive time, at 12	:01 a.m. on the	earlier of
Signature of a member or authorized representative of a member	SI Dated	EPTEMBER 6	2019				
			 ,),, ,			
		_/~an	~/_1				
FRANCIS ABLOLA		Sign	ature of a member or	authorized represen	tative of a member		
	/	FRANCIS ABLOLA					

Page 3 of 3

Filing Fee: \$25.00