1190000 97733

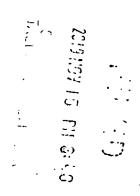
(Req	uestor's Name)	
(Add	ress)	-
(Add	ress)	 -
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to F	iling Officer:	
l		

Office Use Only



000336710660

11/15/19--01012--002 **38.00



Y SINKED £10.1.79.1

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Gradpost, L	LC		
30 0 01.01.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		David Hafter		
			Name of Person	
		Gradpost, LLC		
			Firm/Company	
		562 NE 2nd Ave., Unit B		
			Address	· ·-
		Gainesville, Florida 32601		
			City/State and Zip Code	
		dphafter@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please ca	all:	
David Hafte	r		754 581-3498	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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

Gradpost, LLC		
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our record da Limited Liability Company)	15.)
The Articles of Organization for this Limited Liability Florida document number L19000097733	Company were filed on 04/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Scholarlily, LLC		- .
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	ORESS)	<u> </u>
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
		lorida
	Сцу	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:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change

				<u> </u>
ı				
 				
			- ·,	
				
				
				_
				
· · · · · · · · · · · · · · · · · · ·				
i I				
ective date, if other than the date effective date is listed, the date must be see: If the date inserted in this block cument's effective date on the Depart	pecific and cannot be prior to does not meet the application.	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) Pu quirements, this date will	rsuant to 605.02 I not be listed a
record specifies a delayed eff he 90th day after the record		t an effective time	e, at 12:01 a.m. on	the earlier
ed November 11	2019			
I	·	<u> </u>		
Davil Hatte	ature of a member or autho			
Sign	ature of a member or autho	rized representative of a	member	
David Hafter				

Page 3 of 3

Filing Fee: \$25.00