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COVER LETTER

DIV	ision of Cor	poracions		
SUBJECT:	BetterLearn	LLC		` *
SUDJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subi	mitted for filing.	
		ndence concerning this matter	-	
	•	Gregory Glofak, Esq.		
			Name of Person	
		R&S International Law Gro	oup LLP	
			Firm/Company	
		1000 Brickell Avenue, Ste.	400	
			Address	
		Miami, FL 33131		
		gglofak@gmail.com; france	City/State and Zip Code sisuazo@gmail.com	
		E-mail address: (t	to be used for future annual report notif	fication)
For further in	nformation c	oncerning this matter, please ca	all:	
Gregory Gle	ofak		305 349-1500 at ()	
	Name o	f Person	Area Code Daytime	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

	erLearn LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on ou Limited Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/3/2019)	and assigned
Florida document number L19000249411	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designati	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
			·
		TAL 38	2011
Enter new mailing address, if applicable:		50	2019 NO
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
		ഗ ്	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter <u>ath</u>	<u>je name of the ne</u>
		-	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et 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

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
MGR	Laurie Pearson	425 NE 22nd Street #2610 Miami, FL 33137	■ Add
			Remove
			☐ Change
		-	
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
		-	Change
		-	Add
			Remove
			Change
			□ Remove
			🗆 Change

A	
. Effective date, if other than t	ne date of filing: (optional)
(If an effective date is listed, the date i	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 block does not meet the applicable statutory filing requirements, this date will not be listed as
the record specifies a delay b) The 90th day after the r	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of ecord is filed.
October 29 Dated	$O = \frac{2019}{2019} = O = \frac{1}{200} = \frac{1}$
	White the state of
	(Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00