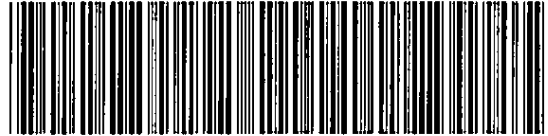


M100000003903



400318305464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
2018 SEP 11 AM 10:59

18 SEP 11 PM 1:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

alr/18 QS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 378652 7586636
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : September 7, 2018
ORDER TIME : 11:58 AM
ORDER NO. : 378652-005
CUSTOMER NO: 7586636

FILED
21 SEP 11 A 11:59

FOREIGN FILINGS

NAME: MWR HOLDINGS LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MWR HOLDINGS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMANTHA RICH
Name of Person

THE LEARNING EXPERIENCE
Firm/Company

210 HILLSBORO TECHNOLOGY DRIVE
Address

DEERFIELD BEACH, FL 33441
City/State and Zip Code

SRICH@TLECORP.COM
E-mail address: (to be used for future annual report notification)

RECEIVED
SEP 11 AM 5:58

For further information concerning this matter, please call:

SAMANTHA RICH at (561) 886-6400
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MWR HOLDINGS, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M10000003903

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/2/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, 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.

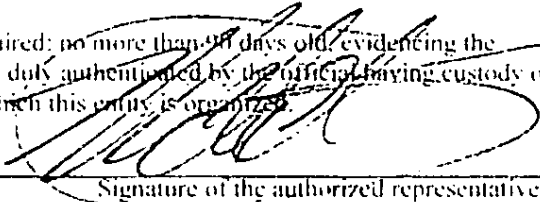
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	TLE Holdings, LLC	210 Hillsboro Technology Drive, Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Quad Venture Partners, SBIC, LP	210 Hillsboro Technology Drive, Deerfield Beach, FL 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Marlowe, David	210 Hillsboro Technology Drive, Deerfield Beach, FL 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Weissman, Linda	210 Hillsboro Technology Drive, Deerfield Beach, FL 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Brown, Michael	210 Hillsboro Technology Drive, Deerfield Beach, FL 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendments), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Michael Shafir, Secretary

Typed or printed name of signee

Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Authorized Representative</u>	<u>Weissman, Richard</u>	_____	<input type="checkbox"/> Add
		210 Hillsboro Technology Drive, Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Richard Weissman Family, LLLP</u>	_____	<input type="checkbox"/> Add
		210 Hillsboro Technology Drive, Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Weissman Family Trust</u>	_____	<input type="checkbox"/> Add
		210 Hillsboro Technology Drive, Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2018
SEP 11
11:11

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

 Signature of the authorized representative
Michael Shafir, Secretary

 Typed or printed name of signee

Filing Fee: \$25.00