

L00000005393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

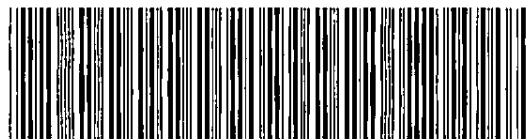
(Business Entity Name)

(Document Number)

Additional Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



300400728003

RECEIVED

2023 JAN 27 PM 2:39

BRADFORD OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2023 JAN 27 AM 9:53

SECTION OF STATE  
TALLAHASSEE, FL

g 1/30/2023

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/27/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1116638

**ORDER ENTITY**  
INFORMED SOLUTIONS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**INFORMED SOLUTIONS, LLC ( FL )**

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar initials, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INFORMED SOLUTIONS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph McGurrian

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

659 Beach Avenue

\_\_\_\_\_  
Address

Atlantic Beach, Florida 32233

\_\_\_\_\_  
City/State and Zip Code

joe@cme.edu

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph McGurrian

904

993-4980

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2023 JAN 27 AM 9:53

INFORMED SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on May 10, 2000 and assigned Florida document number L00000005393.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Educational Evidence Guidelines LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

659 Beach Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Atlantic Beach, Florida 32233

**Enter new mailing address, if applicable:**

659 Beach Avenue

**(Mailing address MAY BE A POST OFFICE BOX)**

Atlantic Beach, Florida 32233

**B. If amending the registered agent and/or registered office 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**

it attending. 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**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Amendment for Article I: The name of the limited liability company is Educational Evidence Guidelines LLC

**E. Effective date, if other than the date of filing:** January 17, 2023 **(optional)**

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 17, 2023

DocuSigned by:

Joe McGurrian

DF3E914BC1CF46C Signature of a member or authorized representative of a member

Joseph McGurrian

Typed or printed name of signee

**Filing Fee: \$25.00**