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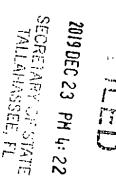
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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O SIMMONS JAN 24 2020

COVER LETTER

* TO: Registration Sec Division of Corp			
SUBJECT: Flan	RICA Educa-	France Adviser ted Liability Company	s, LLC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Stephen	Part, MAN	
	Florida	Educational Firm/Company	Advisors, LLC
	1800 N B	RAYShop & Drive	E Apt 1609
	10,900	City/State and Zip Code	132
	Florida eclus E-mail address: (to	City/State and Zip Code Care From Grahos be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please cal	11:	
Stephen Name of F	Putman	at (305) 784- Area Code Daytime	- 4822 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

	1.50	· · ·	0.5			
FLORIDA ED	USA T10!	VAL_	ADVISO	RS L	<u>LC</u>	
FLORIDA ED (Name of the Limited I	iability Company a Torida Limited Liabi	s it now appear lity Company)	s on our records.) .		
The Articles of Organization for this Limited Liabi	lity Company wer	e filed on <u>//</u>	1A4 21,	2005	and assigned	
Florida document number <u>L030000193</u>	82_					
This amendment is submitted to amend the following				<i>ာ</i> ဤ	201	
			l.,	CRET	2019 DEC 2:	
A. If amending name, enter the new name of th	<u>e limited liability</u>	company he	<u>re</u> :		C) tendem	
The new name must be distinguishable and contain the words	LLC				ω	
The new name must be distinguishable and contain the words	s "Limited Liability C	Company," the d	esignation "LLC"	or the abbrevi	ation "L.li.C." ————————————————————————————————————	<u> 4.</u> .
Enter new principal offices address, if applicabl	e:			-11 57 		_
(Principal office address MUST BE A STREET A				, r- <u>: </u>	22	
Principal office address in 031 DE A STREET						
	_	······································				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>				_
	<u> </u>	<u> </u>				
B. If amending the registered agent and/or regi	-td affina add	Poss on Ally F	ecords enter t	he name of	the new regi	sterec
B. If amending the registered agent and/or registered office address h	steren omde aud iere:	1622 On Ant 1	ccoros, <u>cutar t</u>			
agent and/or the new registerous same						
Name of New Registered Agent:						
Name of New Registered Agent.		-		<u> </u>		
New Registered Office Address:		Enter Flo	rida street address			-
٠,		1,21101 1101				
		City	, Flo	rida	Zip Code	
		C.13			•	

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	haina addad
or removed from our records:	o / vi cach person	Demg added

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other n effective date is listed, t te: If the date inserte	he date must be spec	ific and cannot b	e prior to date applicable sta	of filing or more tha stutory filing requ	n 90 days after irements, this	filing.) Pur date will	not be l	listed a
cument's effective dat	e on the Departme	ent of State's re	ecords.					
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record specifies a The 90th day afte	a delayed effect r the record is	tive date, b filed.	ut not an e	mective time,	at 12.01 c		the cu	inci c
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