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COVER LETTER

SUBJECT BRAINCHILI	D INSTITUTE LLC		•
SUBJECT: BRAINGHILI		ed Liability Company	· ·
The enclosed Articles of Amend	ment and fee(s) are subm	nitted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	L <u>EĄ</u> ḤͺĻI	IGHT	
•		Name of Person	····
	BRAINCI	HILD ENTERPRISES LLC	· · · · · · · · · · · · · · · · · · ·
<u>-</u>		Firm/Company	
	4340 SHE	ERIDAN STREET STE 20	2
		Address	• ,
	HOLLYV	VOOD, FL 33021	
		VOOD, FL 33021 City/State and Zip Code	
. × <u> </u>	Irliah+a	City/State and Zip Code DhrainChild	iostitute.com
X For further information concern	right (City/State and Zip Code Chanch I de She used for future annual report not	institute.com
For further information concern	right (City/State and Zip Code Draich d be used for future annual report noti	fication)
	E-phil address: for	City/State and Zip Code Draich d be used for future annual report noti	fication)
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For further information concern	E-mail address: from	City/State and Zip Code Chi d b cai Chi d b be used for future annual report noti	fication) 87
For further information concern LEAH LIGHT Name of Person Enclosed is a check for the follo	E-mail address: from	City/State and Zip Code Chi d b cai Chi d b be used for future annual report noti	fication)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

ARTICLES OF ORGANIZATION OF BRAINCHILD INSTITUTE LLC

(A Flor	ids Limited Liability Company)				
The Articles of Organization for this Limited Liability	Company were filed on	9.28.2010	and assig	ned	
Florida document number <u>L10000101695</u>	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company he	ere:		•	•
BRAINCHILD ENTERPRISES L	LC	, .			
The new name must be distinguishable and end with the words	Limited Liability Company," the	designation "LLC" or the ab	breviation "L.I	C.*	•
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADD	DRESS)				_
·		•			_
					-,
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX)					_
					
	·				-
B. If amending the registered agent and/or re-		our records, enter t	<u>he name o</u>	f the	new
registered agent and/or the new registered office as	adress nere:		墨.。	~~1	
			[(2	*-	
Name of New Registered Agent:	<u></u>		<u> </u>	-K.L.	-
No. Baristand Office Address			i san ing	æ.	
New Registered Office Address:	Enter Flo	rida street address	1000	<u> </u>	;
			; ***. *	Zn≥-	
	City	, Florida	Zip Code	-4-	- , _
Now Burlance & Assess Clause to the Barbara Barbara	·		- ₹ ₹₹₹	نت	,•
New Registered Agent's Signature, if changing Registe	TEG ARCIU:				

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address DbA 🖳 □ Remove _□ Add □ Remove _D Add ☐ Remove □:Add ☐ Remove □ Add □ Remove D Add □ Remove

If amending any other information, enter change(s) here: (Attack	ch additional sheets, if necessary
	<u> </u>
. Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	nd cannot be more than 90 days after
Dated 8-13-14	
x leah K. holy	
X Leah X Signature of anymber of authorized rep	resentative of a member
Typed or printed name (

Page 3 of 3

Filing Fee: \$25.00