## 110000132582

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	(Requesto	r's Name)
	(Address)	
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1	(City/State	/Zip/Phone #)
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†	(Business	Entity Name)
I	(Documen	t Number)
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· [] [	<u>[</u> "		
		COVER LETTER	
TO: Registration Se Division of Cor			
Open Educ			
увјест:		ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul Sisak		
		Name of Person	
	Open Education LLC		
		Firm/Company	
	2901 Florida Avenue Suite	e 840	
		Address	
	Mami, FL 33133		
	paul.sisak@openenglish.co	City/State and Zip Code	
		to be used for future annual report notif	lication)
For further information c	oncerning this matter, please c	all:	
Paul Sisak		305 728-8987	
Name o	f Person		e Telephone Number
Enclosed is a check for the	te following amount:		
\$25.00 Filing Fee	S30.00 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 enclose
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6:27	STREET/COURI Registration Section Division of Corpora Clifton Building	n
	issee FL 32314	2661 Executive Cer Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Open Education	1 FFC			
-	(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)		
		pany were filed on 12/30/2010	and assigned	il
rida document number 📙	10000132582			
s amendment is submitted	ito amend the following:			
If amending name, ente	the new name of the limited	liability company here:		
new name must be distinguish	ble and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	
ter new principal offices	address, if applicable:			1 <u>A</u> 1
incipal office address M	<u> IST BE A STREET ADDRES</u>	<u>s)</u>		동
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			:	
	·		· ·	-FIST
ailing address MAY BE.	<u> POST OFFICE BOX)</u>			OR ID
If amending the regi	tered agent and/or registere new registered office address	ed office address on our records, <u>enter</u> here:	the name of th	ie new
Name of New Reg			18 MAR	SECRET
Name of New Reg	stered Agent:		18 MAR 19	SECRETARY TALLAHASS
	stered Agent:	Enter Florida street address	19	SECRETARY OF
Name of New Reg	stered Agent:	Enter Florida street address , Florida	19 ## FP	SECRETARY OF ST
Name of New Reg	stered Agent: fice Address:	Enter Florida street address, Florida City	19	SECRETARY OF STATE
Name of New Reg	stered Agent: fice Address:  ature, if changing Registered As	Enter Florida street address, Florida City tent:	Zip Code SS.	SECRETARY OF STATE
Name of New Reg New Registered Of v Registered Agent's Sign ereby accept the appoint visions of all statutes re tept the obligations of many filed to merely reflec-	stered Agent: fice Address:  ature, if changing Registered Asyment as registered agent and lative to the proper and compy position as registered agent	Enter Florida street address, Florida City	Zip Code S.  Tree to comply wifamiliar with and if this document	SECRETARY OF STATE the
1	rida document number L.I s amendment is submitted If amending name, enter new name must be distinguish ter new principal offices incipal office address MU ter new mailing address ailing address MAY BE.	rida document number  L1000132582  s amendment is submitted to amend the following:  If amending name, enter the new name of the limited new name must be distinguishable and contain the words "Limited ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRES.  ter new mailing address if applicable:  ailing address MAY BE A POST OFFICE BOX)	s amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the atter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address if applicable:	If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address if applicable:  ailing address MAY BE POST OFFICE BOX)

Lf amending	z Authorized Pe from our recor	erson(s) authorized to m	nanage, enter the title, name, and address of e	ach person being added
MGR = MAMBR = AMBR =	lanager Juthorized Mem	ıbler		
Title	<u>Name</u>	1	<u>Address</u>	Type of Action
MGR	Greg Palmer			
			2901 Florida Ave Suite Minny FL 33133	
MGR	Paul Sisak		2901 Florida Ave Swite MIANÝ, FL 33133	□ Change • 840 • Add
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n effective date is liste ote: If the date inser	ter than the date of filing:	uant to 605.0207 lot be listed as
record specifies The 90th day aft	delayed effective date, but not an effective time, at 12:01 a.m. on the ter the record is filed.	ne earlier of:
ted March 14th	2018	
_6.	reg talmer	
<b>a</b>	Signature of a member or authorized representative of a member	-
Greg Palme	or	

Page 3 of 3

Filing Fee: \$25.00