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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collabor8 Learning, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records. Liability Company)	.)
		and assigned
Florida document number L11000002811		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	8390 SW 72 AVE #604	A 20 10 10 10 10 10 10 10 10 10 10 10 10 10
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33143	A E E E E E E E E E E E E E E E E E E E
		SSE 5
Enter new mailing address, if applicable:	8390 SW 72 AVE #604	PR PR
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33143	8 5 S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
	∸	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t adduces
·		
·	, Florid City	Zip Code
New Degistered Agentle Signature if the series Desistant A.		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>e</u>	Name	Address	Type of Action
			Add
			Remove
			Add
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). If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
:	
,	
ated <u>08/</u>	07/2013
	alled Santon
	Signature of a member or authorized representative of a member
	Alex Santos
	Typed or printed name of signee

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