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Name:	Study Edge, LLC
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	Thank you!

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TO: Registration Section Division of Corporations

Study Edge, LLC

SUBJECT:

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:

Stephen Amante

Name of Person

c/o Accelerate Learning Inc.

Firm/Company

5177 Richmond Avenue, Suite 800

Address

Houston, Texas 77056

City/State and Zip Code

samante@acceleratelearning.com

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

For further information concerning this matter, please call:

Stephen Amante		281	833-4500
•		at ()
N	ame 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 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Study Edge, LLC						
(Name of the Limit	ted Liability Compa (A Florida Limited I	iny as it now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Company were filed on <u>June 15, 2011</u> and assigned Florida document number <u>L11000069614</u>						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	<u>f the limited liab</u>	ility company here:				
	1	line (2) and the destination	et t (" an the attraction of t (" "			
The new name must be distinguishable and contain the v Enter new principal offices address, if applic		c/o Accelerate Learning I				
(Principal office address MUST BE A STREE		5177 Richmond Avenue, Suite 800				
		Houston, TX 77056				
Enter new mailing address, if applicable:		c/o Accelerate Learning I	nc.			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	5177 Richmond Avenue.	<u> </u>			
		Houston, TX 77056				
B. If amending the registered agent and registered agent and/or the new registered o	/or registered of ffice address her	ffice address on our rec <u>c</u> :	cords, <u>enter the name of the ne</u>			
Name of New Registered Agent:	C T Corporation System		09			
New Registered Office Address;	1200 South Pin	e Island Road				
		Enter Florida street a	uddress			
	Plantation		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.

<u>/s/ Kathryn A. Widdoes, Assistant Secretary</u> If Changing Registered Agent, <u>Signature of New Registered Agent</u> C T Corporation System If amending 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

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<u>Title</u>	Name	Address	Type of Action
MGR	Ethan Fieldman	1717 Northwest 1st Avenue	🗆 Add
		Gainesville. FL 32603	. Remove
			Change
AMBR	Study Edge, Inc.	5177 Richmond Avenue, Suite 800	• Add
		Houston, TX 77056	Remove
			Change
			🛛 Add
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			Change

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

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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_	September	29,	2021
	<u> </u>		DocuSigned by:
			Joseph P. Annak-
	<u> </u>		D0F8058991EA406
			Signature of a member or authorized representative of a member

Stephen Amante, Authorized Representative of the Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00