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COVER LETTER

TO: Registration S Division of Co			
Regius Am SUBJECT:	nerica LLC		
Sebster.	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		•
	Nancy B Gonzalez		
		Name of Person	
	Law Offices of N. Betty O	onzalez PA	
		Firm/Company	
	2151 Le Jeune Rd., Suite	304	
		Address	
	Coral Gables, FL 33134		
	nbetty@nbg-law.net	City/State and Zip Code	
	· ·	to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Nancy B Gonzalez	`	305 4284800 at ()	2016 SEC
Name o	of Person	Area Code Daytime Telepho	one NumbetHE ASS
Enclosed is a check for t	the following amount:		one NumbetHARY OF
■ \$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)
MAIL	ING ADDRESS:	STREET/COURIER ADI	DRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Regius America LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/02/2011 and assigned Florida document number L11000136588 ¢ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Parkode Academy LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code City

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 being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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VCffe	tive date, if other than the date of filing:	(antional)
(If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than	90 days after filing.) Pursuant to 605,0207
	If the date inserted in this block does not meet the applicable statutory filing require	
docu	ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, a e 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
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	November 10 2016	1
Date	i November 10 , 2016	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00