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COVER LETTER

TO:

Registration Section
Division of Corporations

BELIEVE TO ACHIEVE EDUCATIONAL SERVICES, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

: 25

Please return all correspondence concerning this matter to the following:

DAMIAN HARVEY

Name of Person

BELIEVE TO ACHIEVE EDUCATIONAL SERVICES, LLC

Firm/Company

230 NORTH KROME AVENUE

Address

FLORIDA CITY, FL 33034

City/State and Zip Code

BTA.EDU@GMAIL.COM

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

For further information concerning this matter, please call:

DAMIAN HARVEY

305 744-1217

Name 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

□\$55.00 Filing Fee &
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**

BELIEVE TO ACHIEVE EDUCATIONAL SERVICES, 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 Florida document number <u>L11000144881</u>	were filed on 12/28/2011 and assigned	
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	230 NORTH KROME AVENUE	
(Principal office address MUST BE A STREET ADDRESS)		
	FLORIDA CITY, FL 33034	
Enter new mailing address, if applicable:	230 NORTH KROME AVENUE	
(Mailing address MAY BE A POST OFFICE BOX)		
	FLORIDA CITY, FL 33034	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, <u>enter the name of the new</u> e:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is	

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:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		,	Add
			
			Remove
		 ,	
			Add
			Remove
			Remove
			Add
			Remove
			13 S
	·		13 SEP 26 ATT STATE SECKETARY OF STATE NALL-AHASSEE, FLORIDA
			Rento
			Rentov

If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
_	
September 17	2013
Jam	un Harran
Signature of a	a member or authorized representative of a member
DAMIAN HARVEY	
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00