# L11000 144881

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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### **COVER LETTER**

TO: Registration Sec		* 4 . 3	
SUBJECT. Believe to	Achieve Educational S	ervices. LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Damian Harvey		
		Name of Person	
	Believe to Achieve Ed	ducational Services, LLC	
		Firm/Company	
	1951 NW South Rive	r Drive #913	
		Address	
	Miami, Florida 33125		
		City/State and Zip Code	
	damian.harvey@achie	eveeducation.net o be used for future annual report notific	eation)
For further information co	oncerning this matter, please ca	•	
Damian Harvey		at (305) 744-1217	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 L11000144881 .	were filed on 12/28/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1951 NW South River Drive #913
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33125
Enter new mailing address, if applicable:	1951 NW South River Drive #913
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33125
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  Florida  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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR•= A	Annager Authorized Member		
<u>Title</u>	, <u>Name</u>	Address	Type of Action
MGR	Michael Pinto	5225 Millenia Blvd #102	Add
		Orlando, Florida 32839	■ Remove
MGR	Julio Giron	1530 SW 154 Ave	Add
		Miami, Florida 33194	□ Remove
			Add
			Remove  A Remove  A Remove  Remove
			SSIN STAND Add
	<del>-</del>		Add Remove

Ammend MGRM D	AMIAN HARVEY address to:		
* 1951 NW South R	iver Drive #913 Miami, Florida 3312	5	
r			
_ <del></del>			
ffective date, if other than	the date of filing:	(optional)	
he effective date must be specific,	cannot be prior to date of receipt or filed date and can	(optional) not be more than 90 days after	
he effective date must be specific, he date this document is filed by t	cannot be prior to date of receipt or filed date and can	(optional) not be more than 90 days after	
he effective date must be specific, he date this document is filed by t	cannot be prior to date of receipt or filed date and can he Florida Department of State)	(optional) not be more than 90 days after	
he effective date must be specific, he date this document is filed by t	cannot be prior to date of receipt or filed date and can he Florida Department of State)	(optional) not be more than 90 days after	
ffective date, if other than he effective date must be specific, he date this document is filed by to pated December 24	cannot be prior to date of receipt or filed date and can he Florida Department of State)	not be more than 90 days after	

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Filing Fee: \$25.00

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