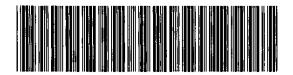
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(Reque	estor's Name)		
(Addre	ss)		
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(City/S	tate/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ess Entity Nam	ne) .	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co			4.1
SUBJE	CCT:	USA TE	ECH HELP, LLC	
5050			nited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
			JOSH A. BUTCHER Name of Person	
			Name of Person	
		U	SA TEACH HELP, LLC	
			Firm/Company	
		4731 WEST	FATLANTIC AVENUE STE B-17	
			Address	
		DELRA	AY BEACH, FLORIDA 33445	
			City/State and Zip Code	
		JOSHBUTCHE	ER@BLUETREESECURITIES.COM	
For fur	ther information	E-mail address: concerning this matter, please	(to be used for future annual report notification) call:	
	JOS	H A. BUTCHER	at (305) 878-6160	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$60.00 Filing For Certificate of Certified Copy (additional copy is enclosed)	Status &
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

l l	USA TEACH HELP, LLC	;	
(Name of the Limite	d Liability Company as it now appears A Florida Limited Liability Company	ears on our records.)	
,		,	
The Articles of Organization for this Limited L	_iability Company were filed on	APRIL 4, 2012	and assigned
Florida document numberL1200004	8776		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
	N/A		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and		our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered of	office address here:	72 ≥	SE SE
		A	Se es T
Name of New Registered Agent:	N/A		7
New Registered Office Address:	N/A		RY S
		Enter Florida street addr	
		. Florida ⊊	Sir O
	City	, , , , , , , , , , , , , , , , ,	rdip Gode
		P	•

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JOSH B. HOSKINS	7150 DIA LEONARDO LAKE WORTH, FLORIDA 33467	[7] Add Remove
	<u> </u>		Add Remove
			Add Remove
,***,********************************			Add Remove
	***************************************		Add Remove
			Add Remove
D. If amen	ding any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)	
			·
-	ALIQUIOT O	2010	_ _
Dated	AUGUST 8	of a member or authorized representative of a member	
	Signature	JOSH A. BUTCHER	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00