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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INNOVATIVE EDUCATIONAL SUPPORT & SOLUTIONS
LLC**

Certificate of Status	0
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FEB 28 2014
D. BRUCE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INNOVATIVE EDUCATIONAL SUPPORT & SOLUTIONS, 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 09/05/2012 and assigned
Florida document number L12000114226.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

80 Southwest 8th Street

Suite 2000

Miami, Florida 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 14035

Fort Lauderdale, Florida 33302

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:

Sara Harden Styles

New Registered Office Address:

611 Northwest 39th Avenue

Enter Florida street address

Fort Lauderdale

Florida

City

33311

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.

Sara Harden Styles
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHARIS & ARETE, LLC	80 SOUTHWEST 8TH STREET	<input type="checkbox"/> Add
		SUITE 2000	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33130	
MGRM	CHARIS & ARETE, LLC	80 SOUTHWEST 8TH STREET	<input type="checkbox"/> Add
		SUITE 2000	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33130	
MGRM	CATHERINE MALCOLM	POST OFFICE BOX 14035	<input type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33302	<input type="checkbox"/> Remove
AMBR	SARA HARDEN STYLES	611 Northwest 39th Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 14, 2014.



Signature of a member or authorized representative of a member

Sara Harden Styles

Typed or printed name of signer

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