113000016917

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Robin Baler CANE AUTHORIZATION BY PHONE TO CORRECT HITLE DATE 4/9/18 DOC EXAM DH

Office Use Only



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COVER LETTER

. Divi	ision of Cor	porațions							
SUBJECT:	SMART TUTOR LLC								
SOBJECT.	Name of Limited Liability Company								
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.						
Please return	all correspo	ondence concerning this matter	to the following:						
	•	Robin R. Baker							
Name of Person									
		Smart Tutor, LLC							
			Firm/Company						
		3045 Center Avenue							
		Address							
	'	Fort Lauderdale, FL 33308	3	٠.					
	,	City/State and Zip Code							
	5 ••	robin@smarttutor.com							
	ŕ		to be used for future annual report notific	cation)					
For further in	nformation c	oncerning this matter, please ca	all:						
Robin Baker	r		954 394-9995 at ()						
Name of Person			Area Code Daytime	Telephone Number					
Enclosed is a	ı check for tl	he following amount:							
■ \$25.00 F	iling 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)					
	1								

TO:

Registration Section

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

SMART TUTOR LLC	ampany as it now appears on our records
(A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000016917</u> .	pany were filed on February 1, 2013 and assigned
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 contain the words "Limited I	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	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	The second secon
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the phere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Now Desictored Agent's Signature if changing Degistered Ag	

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 = Manager

AMBR = Authorized Member **Type of Action Address Title** Name 1 Robin R. Baker 3045 Center Are, Fort Landerdale, FL 33308 Remove 3045 Center Aug Furt Lauderdale, Fl 33308 Robin R. Baker Trust Owner □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove Change Change _□ Add ☐ Remove ☐ Change

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ective	date, if other than t	the date of fil	April	4, 2018	(o _l	ntional)	
effect	ive date is listed, the date	must be specific a	and cannot be pric	or to date of filing of	or more than 90 days a	after filing.) Pursuant to 60	05.020
umen	t's effective date on the	s block does no e Department o	f State's record	s.	ming requirements,	this date will not be lis	sicu a
				ot an effectiv	e time, at 12:0	1 a.m. on the ear	lier c
he 90	Oth day after the r	record is file	a.				
	April 3		2018			aur. t	
ed		<u> </u>	_,	<u> </u>		星彩 蓋	
	April 3	_					-
	1 /						Circles .
		Signature of	f a member or aut	norizea represenu	inve of a member		5 mx

Page 3 of 3

Filing Fee: \$25.00