## 1300037916

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MedEd Advantage	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lindsay McCorkle	
Name of Person	
MedEd Advantage	
Firm/Company	
5402 1st Avenue West	
Address	· <b>/~</b>
Bradenton, FL 34209	2014 APR 22 SECRETAR TALLAHASS
City/State and Zip Code	FR 22
lindsay31@live.com  E-mail address: (to be used for future annual report notification)	SSE 22
	四年 至
For further information concerning this matter, please call:	EFECT PER C
Lindsay McCorkle 31,941,773-3936	21 전문 RDA
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	

□ \$30.00 Filing Fee & Certificate of Status

□ \$25.00 Filing Fee

☐ \$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

MedEd Advantage, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000037916</u>	ny were filed on 3/13/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
EverLearn, LLC		
The new name must be distinguishable and end with the words "Limited I	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		58 = 7
•		72 2
		SSC 2
Enter new mailing address, if applicable:	PO Box 9175	
(Mailing address MAY BE A POST OFFICE BOX)	Bradenton, FL 34206	
		Şm -
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		r the name of the new
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 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 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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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e effective date must be specific, cannot	be prior to date of receipt or filed date and cannot da Department of State)	(optional) be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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