

L130000 58677

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(Address)

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**TO: Registration Section
Division of Corporations**

SUBJECT: iSchools, LLC

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:

Nanyu Barbosa

Name of Person

Firm/Company

2977 McFarlane Road Suite 303

Address

Coconut Grove, Florida 33133

City/State and Zip Code

nb@alliancecos.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nanyu Barbosa

305

500-9440

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

iSchools, LLC

The Articles of Organization for this Limited Liability Company were filed on 04/22/2013 and assigned
Florida document number L13000058672.

Page 1 of 3

- 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

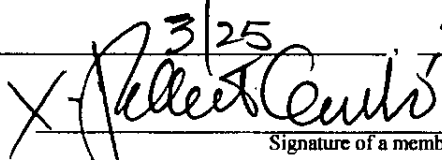
[illegible]

• 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

3/25 2015


Signature of a member or authorized representative of a member

Robert Cambo

Typed or printed name of signee

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Filing Fee: \$25.00

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