

L140001922

(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:

Office Use Only



000281627900

02/03/16--01009--005 \*\*25.00

FILED  
2016 FEB - 3 P 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 04 2016  
CLEARANCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Nearpod 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:

Martin Lede  
Name of Person  
Nearpod Apps LLC  
Firm/Company  
18305 Biscayne Blvd. Suite 301  
Address  
Aventura, Florida 33160  
City/State and Zip Code  
martinl@nearpod.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Lede at ( 305 ) 677-5030 ext 2211  
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

2016 FEB -3 P 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

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

Nearpod 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 04/29/2014 and assigned Florida document number L1400069302.

This amendment is submitted to amend the following:

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

Nearpod Apps LLC

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

**Enter new principal offices address, if applicable:**

18305 Biscayne Blvd Suite 301

**(Principal office address MUST BE A STREET ADDRESS)**

Aventura, Florida 33160

**Enter new mailing address, if applicable:**

18305 Biscayne Blvd. Suite 301

**(Mailing address MAY BE A POST OFFICE BOX)**

Aventura, Florida 33160

**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: \_\_\_\_\_

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**

**FILED**  
2016 FEB -3 P 254  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Oscar Waldman	18305 Biscayne Blvd, Suite 301	<input checked="" type="checkbox"/> Add
		Aventura, Florida 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2016 FEB -3 2:54  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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

Multiple horizontal lines for amending information.

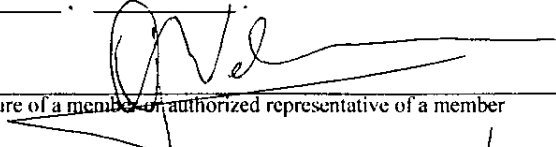
FILED  
2016 FEB -3 P 2:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA (optional)

E. Effective date, if other than the date of filing: \_\_\_\_\_  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated January 29

2016

  
Signature of a member or authorized representative of a member

OSCAR WALDMAN  
Typed or printed name of signer