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COVER LETTER

TO: Registration Se Division of Cor			
Nearpod LI	.c		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Martin Lede		
		Name of Person	
	Nearpod Apps LLC		
		Firm/Company	
	18305 Biscayne Blvd. Suit	e 301	
		Address	1 At 2 AT 12 T T T T T T T T T T T T T T T T T T
	Aventura, Florida 33160		
		City/State and Zip Code	
	martinl@nearpod.com		
	E-mail address: (to be used for future annual report notifica	tion)
For further information of	oncerning this matter, please c	all:	7 . 2
Martin Lede		305 677-5030 ext 22	PII AR TEBE
Name o	of Person	Area Code Daytime Te	SSEE
Enclosed is a check for t	he following amount:		T T T
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Nearpod LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L14000069302	were filed on $\frac{04/29/2014}{}$ and assigned				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	vility company here:				
Nearpod Apps LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity 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: (Mailing address MAY BE A POST OFFICE BOX)	18305 Biscayne Blvd. Suite 301 Aventura, Florida 33160				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her 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:	مسم الرسب				

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Oscar Waldman	18305 Biscayne Blvd. Suite 301	Add
		Aventura, Florida 33160	Remove
			Change
			Add
			Remove
			Change
			□ Add
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record specifies a delayed The 90th day after the reco			not an effec	tive time, at	12:01 a	a.m. on	the earlier
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	Signature of a	memb ek ofi au	thorized represe	entative of a mem	ber		

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Filing Fee: \$25.00