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COVER LETTER

		istration Section of Corp			
CUDIEC		THE STEM	SQUAD		
SUBJEC	.11		Name of Lim	ited Liability Company	
			mendment and fee(s) are sub-		
		•	MARNIE FORESTIERI		
				Name of Person	
			THE STEM SQUAD		
				Firm/Company	
			533 BALMORAL ROAD		
			 	Address	
			WINTER PARK FL 32789)	
			•	City/State and Zip Code	
			MFORESTIERI01@GMAI		
For furth	ner in	formation co	E-mail address: ()	to be used for future annual report n all:	ottneation)
MARNI	E FC	RESTIERI		407 8600999 at ()	
		Name of	Person	Area Code Dayı	ime Telephone Number
Enclosed	d is a	check for the	e following amount:		
\$25.0	00 F i	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)

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

THE STEM SQUAD, LLC					
(Name of the Limi	ted Liability Compan (A Florida Limited Li	v as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited L	iability Company v	vere filed on DECEN	MBER 11,2014	_ and assig	gned
Florida document number L14000189110	·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, <u>enter the new name c</u>	of the limited liabil	ity company here:			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the design	nation "LLC" or the abbre	viation "L.L	C."
Enter new principal offices address, if appli	cable:	533 BALMORAL R	OAD WINTER PAR F	L 32789	
(Principal office address MUST BE A STREI	ET ADDRESS)				
				<u> 로솔</u> 중	
Enter new mailing address, if applicable:		533 BALMORAL R	i OAD WINTER PARK	FL 32789	
(Mailing address MAY BE A POST OFFICE BOX)				ညည်း တ) [[]
					-
B. If amending the registered agent and registered agent and/or the new registered or			r records, <u>enter th</u>	y jiame e	X the nev
Name of New Registered Agent:	MARNIE FORESTIERI				
New Registered Office Address:	533 BALMORA	L ROAD			
		Enter Florida s	treet address		_
	WINTER PARK		, Florida ³²⁷⁸⁹) 	
		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 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>	Address	Type of Action
MGR	Deirdre Englehart	2056 Golden Arm Road	
		Deltona Fl 32738	Remove
			☐ Change
MGR	Leigh Englehart	2056 Golden Arm Road	Add
		Deltona Fl 32738	☐ Remove
			☐ Change
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ctive date, if other than the effective date is listed, the date mu	ust be specific and cannot	t be prior to date	of filing or more tha	option on 90 days after fi	ling.) Pur	suant te	605
in the date inserted in this burnent's effective date on the I	block does not meet the	e applicable st	atutory filing requ	irements, this	late will	not be	liste
iniciti s chective date on the i	Separation of State 3	records.					
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