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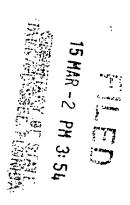
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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March 5, 2015

ROBERT FIREBAUGH 8801 LATREC AVE #302 ORLANDO, FL 32819

SUBJECT: EXPLORIVERSE Ref. Number: L15000027083

We have received your document for EXPLORIVERSE and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00004552

COVER LETTER

	egistration Sectivision of Corp				
CUDIECT	Skillup Le	arning LLC			
SUBJECT	·	Name of Limit	led Liability Company		
		mendment and fee(s) are subm	-		
Please retu	m an correspon	dence concerning this matter to Robert Firebaugh	o the following:		
			Name of Person		
		Skillup Learning LLC			
			Firm/Company		
8801 Latrec Ave. #302					
Address					
		Orlando, FL 32819			
City/State and Zip Code rrfirebaugh@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further	information cor	ncerning this matter, please cal	II:		
Robert F	Firebaugh		650 200-6263		
	Name of I	Person		lephone 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 Fec, 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

City Zip C	Code
, Florida	
Enter Florida street address	
ered Office Address:	
ew Registered Agent:	
ie registered agent and/or registered office address on our records, <u>enter: the ha</u> Vor the new registered office address here:	me of the Bea
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offices address, if applicable:	
istinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviati	ion "L.L.C."
LLC	
ne, enter the new name of the limited liability company here:	
ubmitted to amend the following:	
mber L15000027083	•
nization for this Limited Liability Company were filed on 2/12/15 and	d assigned
(A Florida Limited Liability Company)	
	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company))

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
			Add
			□ Remove
	1 g		□ Add
	·	-	☐ Remove
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			☐ Remove
			
			☐ Remove
			Add
			□ Remove

D. If amending any other information	n, enter change(s) here: (Atto	nch additional sheets, if necessary.)	
, ,			
E. Effective date, if other than the da (The effective date must be specific, cannot b	te of filing:	(optional)	
(The effective date must be specific, cannot be the date this document is filed by the Florid	e prior to date of receipt or filed date: a Department of State)	and cannot be more than 90 days after	
Dated February, 20th	2015		
DA	For		
	nature of a member or authorized re	presentative of a member	•
Robert Firebaugh			
	Typed or printed name of	nt ciones	

Page 3 of 3

Filing Fee: \$25.00

