## L15000056281

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

	ation Sec n of Corp			
	ore Than E	Education		•
SUBJECT:	•=••	Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	idence concerning this matter	to the following:	
		Buddy Farmer		
			Name of Person	
			Firm/Company	<del></del>
		13275 116th Ln		
			Address	
		Largo, FL 33778		
			City/State and Zip Code	
		buddy_farmer@hotmail.cor		<u> </u>
For further infor	mation co	E-mail address: ( oncerning this matter, please co	to be used for future annual report not all:	itication)
Buddy Farmer			727 6314865	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a ch	eck for th	e following amount:		
<b>■</b> \$25.00 Filir	ng 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)
	g Address		Street Address:	action
	tration S	ection orporations	Registration Se Division of Co	
	Box 632	-	The Centre of	•
Tallah	nassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

More Than Education			
(Name of the Limited Liability Compa (A Florida Limited )	iny as it now appears on our records.) Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number L15000056281	were filed on 03/30/2015	and assigned	Ĵ
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Teacher Advisors, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	970 Lake Carillon Dr. Suite 300		
(Principal office address MUST BE A STREET ADDRESS)  St Petersburg, FL 33716			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new registe	rec
Name of New Registered Agent:		······································	
New Registered Office Address:	C. Clark		
	Enter Florida street address		
·····	, Florida		
	Cin	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not mee	et the applicab	date of filing or more	(option re than 90 days after fi requirements, this o	tal) ling.) Pursuant to 605.02 late will not be listed
e record specifies a delayed efferd is filed.	ctive date, but not an	i effective time	e, at 12:01 a.m. oi	the earlier of: (b)	The 90th day after th
Dated July 9		2020	.•		
<del></del> -					
Since Fas	Signature of a ma	mhar or authori	zed representative of	t'a member	