L15000076144

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SECRETARY OF STATE TALLAHASSEE, FLORIO:

11AY 29 2015 J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			:
For We K SUBJECT:	now, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sheryl Heitker		
•		Name of Person	
	For We Know, LLC		•
	. •	Firm/Company	
	3569 Bellington Drive	•	•
FOR STATE	Orlando, FL 32835	. Address	
	SHeitker@cfl.rr.com	City/State and Zip Code to be used for future annual report notifi	
For further information c	oncerning this matter, please c	·	Cation
PSheryl Heitker		321 331-2569 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 FiJing 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)
	ING ADDRESS: ation Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327

Per Garlier in Lin

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

For We Know, LLC.			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Companies Florida document number L15000076144	y were filed on April 23, 2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2015	
(Principal office address MUST BE A STREET ADDRESS)		ARRIVA II	
Enter new mailing address, if applicable:		SEE.FI	
(Mailing address MAY BE A POST OFFICE BOX)		081 32	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here. Name of New Registered Agent: A. If expression and the second of		er the name of the ne	
New Registered Office Address:			
The row action of the control of the	Enter Florida street address		
Party, and a	, Florida		
	·	Zip Couc .	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	City t: ree to act in this capacity. I further e performance of my duties, and I a provided for in Chapter 605, F.S. (Zip Code agree to comply with m familiar with and Dr. if this document i.	
		,	
B. Roberts 1	anging 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>	Name	<u>Address</u>	Type of Action
MGR	Sheryl Heitker	3569 Bellington Drive	
		Orlando, FL 32835	□ Remove
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			Add
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RECEDENCE			. ∴ control de
15. <u>1 </u>			Add
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ctive date, if other than the deflective date is listed, the date must less. If the date inserted in this blocument's effective date on the Dep	ne specific and cannot be prior to door to door to door to door meet the applicable		
ecord specifies a delayed ne 90th day after the reco	effective date, but not a d is filed.	n effective time, at 1	2:01 a.m. on the earlier
d May 21	, 2015		2015 MAY SECRET
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	Hewler Ignature of a member or authorize		SSS 26

Page 3 of 3

Filing Fee: \$25.00

E. Tibel who