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COVER LETTER

TO: Registration Division of C	Section • orporations '		÷
	UCATIONAL SERVICES MAN	NAGEMENT, LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Claudia Cardenal		
		Name of Person	
	Educational Services Mana	agement	
		Firm/Company	
	3201 SW 67 Ave.		
		Address	· · · · · · · · · · · · · · · · · · ·
	Miami, FL 33155		
		City/State and Zip Code	
	ccardenal@thelearningworl	•	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Claudia Cardenal		786 478-8816	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing 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

Educational Services Management, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000084719	were filed on May 13, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		enter the name of the n
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	5 5
	, Flori	ida Zip-Code
New Registered Agent's Signature, if changing Registered Agent	•	55 S
l hereby accept the appointment as registered agent and ag	ree to act in this capacity. I furth	er agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Smart Educational Group, LLC	7990 SW 117 Ave.	≅ Add
		Suite 210	□ Remove
		Miami, FL 33183	☐ Change
MGRM	Educational Resource Holdings, Ll.	3001 SW Third Avenue	⊒ Add
		Miami, FL 33129	□ Remove
			□ Change
MGRM	Maria Cristina Marcos	3201 SW 67 Ave.	
		Miami, FL 33155	■ Remove
			Change
		-1 -1-1	Add
			□ Remove
			☐ Change
			Add
			Remove
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an effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Dep	e specific and k does not m	cannot be prior to eet the applica					
e record specifies a delayed The 90th day after the reco		ate, but not	an effectiv	ve time, at 12:	01 a.m. on t	he ea	ırlier (
September 11		2015					
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Filing Fee: \$25.00