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## **COVER LETTER**

	istration Secti ision of Corpo				
CUBICT.	Change of Na	ne			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	Articles of An	nendment and fee(s) are subt	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Stephen C. Fox, Managing	Member		
			Name of Person	<del>,</del>	
		Foxmark Films, LLC			
			Firm/Company		
		436 SW Jefferson Cir.			
			Address		
		Port St. Lucie, FL 34986			
			City/State and Zip Code		<del></del>
		steve@sfoxcpa.com			
			o be used for future annual re	port notification)	
For further in	oformation con-	erning this matter, please ca			
Stephen C. I	<sup>2</sup> ox		at () 610-	5669	
	Name of Pe	erson	Area Code	Daytime Telepho	ae Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	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

FOXMARK FILMS LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Liability Comparing Library Libr	any were filed on June 26, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
FOXMARK LEARNING LLC		
The new name must be distinguishable and contain the words "Limited L	liability 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	5)	17 RUG 15
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TANG 15 AH II 31
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ffective date, if other than the an effective date is listed, the date mu lote: If the date inserted in this b ocument's effective date on the E	ock does no	ot meet the app	dicable statut	iling or more th ory filing req	(opti an 90 days after airements, thi	onal) filing.) Pursua s date will no	nt to 605.0207 t be listed as t
e record specifies a delaye The 90th day after the rec			not an effe	ctive time,	at 12:01	a.m. on the	e earlier of:
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Filing Fee: \$25.00