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ALLAHASSEE, FLORINA

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## **COVER LETTER**

Division of Co	rporations			
HIGH AC	HIEVERS EDUCATIONAL C	ONSULTANTS		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MARYBEL BALDESSAI	RI		
	<del></del>	Name of Person		
	HIGH ACHIEVERS EDU	CATIONAL CONSULTANTS		
		Firm/Company		
	8963 SW 212TH LANE			
		Address		
	CUTLER BAY, FL 33189			
		City/State and Zip Code		
ı	HIGHACHIEVERSCONS	·—·		
		to be used for future annual report notific	2015 JUL 24 GECRETARY ALLAHASSE	
For further information	concerning this matter, please c	all:	2L \SS	
MARYBEL BALDESS	ARI	786 543-7516 at ()	ma v	
Name	of Person	Area Code Daytime	Telephone Number STALES	U
Enclosed is a check for t	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 Fee, Certificate of Status & Certified Copy (additional copy is enclose	

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HIGH ACHIEVERS EDUCATION AL CONSULTANTS, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)  any)
The Articles of Organization for this Limited Liability Company were filed o	on JULY 10, 2015 and assigned
Florida document number L15000119487	•
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liability compa	ny here:
HIGH ACHIEVERS EDUCATIONAL CONSULTANTS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2015 ALC
	C ARE
•	25 F
Enter new mailing address, if applicable:	SEL SEL
	TT ()
(Mailing address MAY BE A POST OFFICE BOX)	D P: 2
<del></del>	DF 27
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	, Florida
City	Zip Code

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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the effective date is listed, the date mus	date of filing:		(optional)	
effective date is listed, the date muster:  If the date inserted in this bloom	t be specific and cannot be prior	to date of filing or more able statutory filing re	than 90 days after filing.) Pu quirements, this date wil	irsuant to 605.02 Lnot be listed.
cument's effective date on the D			quiromono, uno auto mi	Thot be histed
record specifies a delayed		t an effective tim	e, at 12:01 a.m. on	the earlier
he 90th day after the rec	ord is filed.			
II II V 20	2015			
ed	, 2015			
	(IIIII)			
	WWM			
	Signature of a member or auth	orized representative of a	a member	

Page 3 of 3

Filing Fee: \$25.00