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(Re	equestor's Name)	
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SECRÉTARY OF STATE.

K. SALY

DEC 13 2016

COVER LETTER

ALGEBRA NATION, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Melody Pak Name of Person Algebra Nation, LLC Firm/Company 1717NW 1stAvenue Address Gainesville,FL 32603 City/State and Zip Code melody@studyedge.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melody Pak Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■** \$60.00 Filing Fee, □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

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

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IALLA E)	HASSEE.	PM 3:58 ESTATE LORIDA

ALGEBRA NATION, LLC

(Name of the Limited Liability Company as it now appears on our records:)
(A Florida Limited Liability Company)

	, ,	•	- ONDA
e Articles of Organization for this Limited I	Liability Company were filed or	n 08/11/2015	and assigned
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability compar	<u>ıv here</u> :	
e new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	<u> </u>	
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:	•		
Mailing address MAY BE A POST OFFICE	E BOX)		
. If amending the registered agent and egistered agent and/or the new registered of		s on our records, <u>ent</u>	ter the name of the
Name of New Registered Agent:	Melody Pak		
New Registered Office Address:	1717NW 1stAvenue		
	Ente	r Florida street address	
	Gainesville	, Florida	32603
	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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EthanFieldman	1717 NW 1st Avenue	
		Gainesville, FL 32603	■ Remove
		·	☐ Change
MGR	Melody Pak	1717 NW 1st Avenue	Add
		Gainesville, FL 32603	Remove
			Change
			□ Add
			Add SERVE P TALLAHASSEE
			DATE Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
	,		Remove
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	SEE CO P
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	FLORITE S. 58
Note	ctive date, if other than the date of filing:
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
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Page 3 of 3

Filing Fee: \$25.00