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☐ PICK-UP	☐ WAIT	MAIL
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Special Instructions t	o Filing Officer:	į
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IM TO PERSON

COVER LETTER

E SUBJECT:	EDUCA RO			
SUBJECT: _			ed Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return a	Il correspo	ndence concerning this matter to	o the following:	
		Jon Vasconcellos		
			Name of Person	
		VTX Ventures LLC		
			Firm/Company	
		2201 Long Prairie Road, Su	ite 107-763	
			Address	·······
		Flower Mound, TX 75022		
			City/State and Zip Code	
		jon@vtxlimited.com	be used for future annual report notific	ention)
r et (e		oncerning this matter, please ca	·	canny,
		oncerning this matter, prease ca		
Jon Vasconce			682 841-4000 at () Area Code Daytime	
	Name o	f Person	Arca Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25.00 Fil	ling 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, F1. 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

EDUCA RGV LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco imited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Cor Florida document number 1.16000132518	mpany were filed on July 13, 2016	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
EDUCA SUR LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	ess)	201 13.1		
		55 2 77		
		parade.		
Enter new mailing address, if applicable:		SSE O		
Mailing address MAY BE A POST OFFICE BOX)		P 11		
		- 		
	6-1	<u> </u>		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ds, enter the name of the r		
Name of New Registered Agent:	····			
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	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 **Title** Name Address Type of Action _□ Add □ Remove Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change _□ Add _□ Remove Remove _□ Add _□ Remove

	any other information, enter change(s) here: (Attach additional sheets, if nec		
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Note: If the	te, if other than the date of filing: (optiate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	onal) r tiling.) Pursuant to 605 s date will not be list	i.0207 (3) ed as the
	pecifies a delayed effective date, but not an effective time, at 12:01 a day after the record is filed.	a.m. on the earli	er of:
June 9	2017		
_	Jon Casionally Signature of a member or authorized representative of a member	<u> </u>	3
Ισ	n Vasconcellos	CAH21	
	Typed or printed name of signee	<u> </u>	- (200
	Page 3 of 3	E TLORE	· '''
	Filing Fee: \$25.00		!