## L16000226411

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| -                       |                    |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    | <del></del> |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
| MAY - I AH D: 11        | CNIASSEC, FLORIDA  |             |



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FILED 2011 MAY -1 PM 2: 51 SECRETARY OF STATE

K. SALY MAY - 3 2017

## **COVER LETTER**

| Division of Con             | rporations   |         |
|-----------------------------|--|---------|
| N423DB, I                   | LLC  |         |
| SUBJECT:                    | Name of Limited Liability Company  |         |
|                             |  |         |
| The enclosed Articles of    | f Amendment and fee(s) are submitted for filing.   |         |
| Please return all correspo  | ondence concerning this matter to the following:   |         |
|                             | Richard L. Richards  |         |
|                             | Name of Person   |         |
|                             | Richards Goldstein, LLP  |         |
|                             | Firm/Company   |         |
|                             | 55 Miracle Mile, Suite 310   |         |
|                             | Address  |         |
|                             | Coral Gables, Florida 33134  |         |
|                             | City/State and Zip Code  |         |
|                             | rirchards@rgattorneys.com  |         |
|                             | E-mail address: (to be used for future annual report notification)   |         |
| For further information e   | concerning this matter, please call:   |         |
| Richard L. Richards         | 305 448-2228<br>at ( )   |         |
| Name o                      | of Person Area Code Daytime Telephone Number   | -       |
| Enclosed is a check for the | the following amount:  |         |
| ■ \$25.00 Filing Fee        | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) | tatus & |

MAILING ADDRESS:

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION **OF**

FILED

2017 MAY -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEF FI DEIDA

N423DB, LLC

| ( <u>Name of the Lin</u>  | ited Liability Compa<br>(A Florida Limited l                 | ny as it now appears on our<br>Liability Company)   | records.                                 | SEE, FLORIDA                      |
|---|--|---|--|-----------------------------------|
| The Articles of Organization for this Limited Florida document number L16000226411  | Liability Company  | were filed on 12/14/2016                            |  | _ and assigned                    |
| This amendment is submitted to amend the fo   | llowing:   |   |  |                                   |
| A. If amending name, enter the new name   | of the limited liab  | ility company here:                                 |  |                                   |
| N/A   |  |   |  |                                   |
| The new name must be distinguishable and contain the  | words "Limited Liabil  | ity Company," the designation                       | 1 "LLC" or the abbrev                    | viation "L.L.C."                  |
| Enter new principal offices address, if appli   | icable:  | N/A   |  |                                   |
| (Principal office address MUST BE A STRE  |  |   |  |                                   |
|   |  |   |  |                                   |
| Entar new mailing address if applicable.  |  | N/A   |  |                                   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  | E BOV  |   |  |                                   |
| Muning university MAY BE A FOST OFFICE  | <u>: BUX)</u>  |   |  |                                   |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:   | d/or registered of<br>office address here                    | fice address on our re                              | cords, enter the                         | name of the nev                   |
| New Registered Office Address:  |  | Enter Florida street                                | address                                  |                                   |
|   |  |   | Florido                                  |                                   |
|   |  | City  | , Florida                                | Zip Code                          |
| New Registered Agent's Signature, if changing   | Registered Agent:  |   |  |                                   |
| I hereby accept the appointment as register<br>provisions of all statutes relative to the pro-<br>accept the obligations of my position as reg<br>being filed to merely reflect a change in the<br>company has been notified in writing of this | per and complete<br>sistered agent as p<br>registered office | performance of my dution<br>provided for in Chapter | es, and I am fami<br>605, F.S. Or, if ti | iliar with and<br>his document is |

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>               | Address                       | Type of Action               |
|--------------|---------------------------|-------------------------------|------------------------------|
| AMBR         | The Flying Classroom, LLC | 14950 NW 44th Court, Suite 23 | □ Add                        |
|              |                           | Opa Locka, Florida 33054      | □ Remove                     |
|              |                           |                               | ■ Change                     |
|              |                           |                               | Add                          |
|              |                           |                               | □ Remove                     |
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|              |                           |                               | A PROMOVE TO A SS COL Change |
| <del></del>  |                           |                               | F. S. W.                     |
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|              |                           |                               | Chamaa                       |

| The authorized person li   | sted as The Flying Classroon                                      | n, Inc. should be cha                               | inged to The Flying Cl                          | assroom, LLC  |
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| fective date, if other than  | the date of filing:   |   | (option   | nal)  |
| n effective date is listed, the date ote: If the date inserted in th | must be specific and cannot be p<br>is block does not meet the ap | rior to date of filing or<br>plicable statutory fil | more than 90 days after fing requirements, this | iling.) Pursuant to 605.0207 (3<br>date will not be listed as the |
| cument's effective date on th  | e Department of State's reco                                      | rds.  |   |   |
|  |   |   |   |   |
| record specifies a dela  | yed effective date, but   | not an effective                                    | time, at 12:01 a.                               | m. on the earlier of:   |
| The 90th day after the   | record is filed.  |   |   |   |
| April 25   | 2017  |   |   |   |
| ted  |   | ·   |   |   |
|  |   |   |   |   |
|  | Signature of a member or a  | uthorized representati                              | va of a mambar                                  |   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00