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(Requ	estor's Name)	
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(City/S	State/Zip/Phon	e #)
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K. SALY JUN 15 2017

COVER LETTER

TO: Registration Division of C			
STUDEN SUBJECT:	T ATHLETES USA LLC		
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Michael Gist		
		Name of Person	
	STUDENT-ATHLETE L	LC	
	· ·	Firm/Company	
	226 N Nova Road #349		
		Address	
	Ormond Beach FL 32174		
		City/State and Zip Code	
	contact@studentathlete.ed		
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Michael Gist		386 868-6855 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	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 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

FILED
2017 JUN 14 PM 3:58
VALLAHASSE DE STAT

STUDENT ATHLETES USA LLC

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

The Articles of Organization for this Limited Liability Co	lompany wer	e filed on $\frac{0}{2}$	4/03/2017		and assigned
Florida document number 1.17000074260					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability	company h	ere:		
Student-Athlete Education Operating Company LLC					
The new name must be distinguishable and contain the words "Limit	ited Liability C	ompany," the o	designation "	LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR.	RESS)				
					-
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	_	-			
The state of the s	_			· · · · · · · · · · · · · · · · · · ·	
					
B. If amending the registered agent and/or registe	tered office	address or	n our rec	ords enter s	the name of the now
registered agent and/or the new registered office addr	ress here:	4441633 01	our rect	ords, citter	the name of the new
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	-	Enter Flo	rida street aa	dress	
				F21 - 1 1	
	·	City		. r toriaa	Zip Code
New Registered Agent's Signature, if changing Registered	i Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to omplete perg tent as provi	formance of ided for in (my duties Chapter 60	, and Lam fa 95, F.S. Or, i	miliar with and f this document is

If amending	g Authorized Person(s) authorized to in from our records:	manage, enter the	title, name, and address of each person being added
MGR = M	•		2017 JUN 14 PM 3: 58 Type of Action
<u>Title</u>	<u>Name</u>	Address	SLURE TAR TOF STATE AND Add
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ective date, if other than the o	late of filing:		(optional)	
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be prior to	date of filing or more than	190 days after filing.) P	ursuant to 605.0
ument's effective date on the De	partment of State's records.	ie statuory ming requ	rements, this date wi	n nor be listed
record specifies a delayed	effective date but not :	an effective time	at 10:01 a.m. on	the earlier
he 90th day after the reco	rd is filed.	an effective time,	at 12.01 a.m. or	i the eather
June 9 ed	2017			
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	M			
	Signature of a member or authoriz	red representative of a me	ember	

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Filing Fee: \$25.00