

L17 000098278

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TALLAHASSEE, FLORIDA

AUG 27 2019

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** K12 INVESTMENTS, LLC

\_\_\_\_\_  
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:

DALE HERSEY

\_\_\_\_\_  
Name of Person

K12 INVESTMENTS, LLC

\_\_\_\_\_  
Firm/Company

525 SOUTH FLAGLER DRIVE, SUITE 500

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33401

\_\_\_\_\_  
City/State and Zip Code

DALE.HERSEY@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DALE HERSEY

561 246-0017  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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**

K12 INVESTMENTS, 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 Company were filed on 05/03/2017 and assigned  
Florida document number L17000098278.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

525 SOUTH FLAGLER DRIVE

SUITE 500

WEST PALM BEACH, FL 33401

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

525 SOUTH FLAGLER DRIVE

SUITE 500

WEST PALM BEACH, FL 33401

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

DALE HERSEY

New Registered Office Address:

525 SOUTH FLAGLER DRIVE, SUITE 50

*Enter Florida street address*

WEST PALM BEACH


*City*

Florida 33401

*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>	<u>Type of Action</u>
MGR	KEVIN JOHNSON	525 SOUTH FLAGLER DRIVE	<input type="checkbox"/> Add
		SUITE 501	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change
MGR	NATE WARD	KEVIN JOHNSON	<input type="checkbox"/> Add
		KEVIN JOHNSON	<input checked="" type="checkbox"/> Remove
		KEVIN JOHNSON	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 14, 2019

Signature of a member or authorized representative of a member

DALE HERSEY

Typed or printed name of signee