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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co			
SUBJEC		ducators Network, LLC.		
SUBJEC	.l: <u></u>	Name of Lin	ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Alexandra Rodriguez		
			Name of Person	
		Bedside Educators Networ	rk, LLC.	
			Firm/Company	
		436 Lobiolly Lane		
		 	Address	·· · · · · · · · · · · · · · · · · · ·
		Orlando, Florida 32825		
			City/State and Zip Code	<u> </u>
		arodriguez@benllc.net		0
For freth	er information	ti-mail address: (concerning this matter, please c	to be used for future annual report noti	meation)
		concerning this matter, piease c		
Alexand	ra Rodriguez		407 276-2952 at ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of G		<u>Street Address:</u> Registration Se Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bedside Educators Network, LLC.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
1 12 2017				

	were filed on June 12, 2017 and assigned
Florida document number <u>L17000127272</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Suyen Tutoring and Academic Coaching Company LEC.	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	436 Loblolly Lane
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32825
	136 to skipling Land
Enter new mailing address, if applicable:	436 Loblolly Lane Orlando, Florida 32825
Mailing address MAY BE A POST OFFICE BOX)	Oriando, Prorida 32823
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	~>
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address
	Emer Florida street address , Florida City Zip Cade
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	. Florida Zip Code

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
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Effective date, if other that If an effective date is listed, the da Note: If the date inserted in the date inserted in the date in the date.	this block does not n	neet the applicabl	date of filing or more that e statutory filing requ	(optional) in 90 days after filing.) direments, this date of	Pursuant to 605 0207 will not be listed as t
document's effective date on	the Department of S	state's records.			
e record specifies a delayed et rd is filed.	fective date, but not	an effective time	, at 12:01 a.m. on the	earlier of: (b) The	90th day after the
Dated January 4		2022			
Ч	INT	~			
	7 /	ـــِـــ	,		
\	Signature of a i	nember or authoriz	ed representative of a n	iember	

Filing Fee: \$25.00