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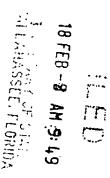
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co			
subject: <u>Te</u>	ach me how Name of Lim	H WOOKS LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	Vincente	Alejandro	
		Name of Person	-
		Firm/Company	
	2569 Oct	tong Blud Address	
	Spring Hill,	FL 34606 City/State and Zip Code	
	Vincente al	ejandro Ogmail. Car	ication)
For further information of	concerning this matter, please ca	all:	
Vincente Al	egandro	347 at (347_)	2832
Name (of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 tadditional 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

leach me how	I T WORKS LLC	
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	· · · · · · · · · · · · · · · · · · ·	+, 2017_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Teaching Technology LL of The new name must be distinguishable and contain the words "I.	Cimited Liability Company," the designation "L.	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 FEB - 6
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our recorddress here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	_ _
	, 1	Florida 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

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in effective date is li o <mark>te:</mark> If the date in	isted, the date must be spe- iserted in this block doo we date on the Departmo	citic and cannot es not meet the	e applicable sta	of filing or more tutory filing re	than 90 days afte	r filing.) Purs	uant to 6 101 be li	05.020 isted as
record specifi The 90th day	ies a delayed effec after the record is	itive date, t filed.	out not an e	ffective tim	e, at 12:01	a.m. on tl	he ear	lier o
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Page 3 of 3

Filing Fee: \$25.00