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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 1 0 2018

COVER LETTER

	istration Se ision of Corp		. · · · · ·	
SUBJECT:	Jot Academ	y LLC	`	
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Omar Joel Padron		
			Name of Person	
		Surge Marketing LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		50 SW 130 Avenue		
			Address	
		Miami, FL 33184		
		joelpadron20@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	oformation co	oncerning this matter, please ca	all:	
Omar Joel Pa	adron	•	305 726-3304	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$2 5.00 F	iling 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

Jot Academy LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	and assigned
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 L	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS	5)	SECRE VISION 18 HA)
Enter new mailing address, if applicable:		TARY OF CORP
(Mailing address MAY BE A POST OFFICE BOX)		ORANICA J. J. J
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
· · ·	City	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>	Address	Type of Action
MGR	Omar J Padron	50 SW 130 Avenue	Add
		Miami, FL 33184	■ Remove
			☐ Change
MGR	Surge Marketing LLC	50 SW 130 Avenue	■ Add
		Miami, FL 33184	☐ Remove
			Change
MGR	Juan Aguas Consulting LLC	726 Regina Court	Add
		Lawrenceville, GA 30043	□ Remove
			□ Change
			Add
		<u> </u>	Remove
			Change
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			☐ Remove
			☐ Change
			☐ Add
			Remove
			☐ Change

Rective date, if other than the date of filing: (optional) (optional)			·	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00