

L18000 113897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

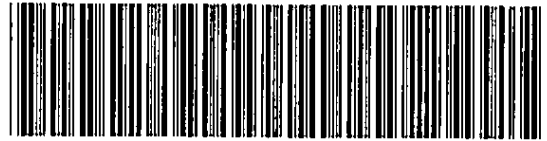
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAR 25 PM 4:09

Amend

APR 02 2019

D CUSHING

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Open Mind Online School, 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 05/07/2018 and assigned
Florida document number L18000113897.

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:

1001 Brickell Bay Drive, Suite 2700

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33131

Enter new mailing address, if applicable:

1001 Brickell Bay Drive, Suite 2700

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33131

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:

Harrington Legal Alliance

New Registered Office Address:

100 S. Olive Ave.

Enter Florida street address

West Palm Beach

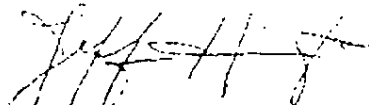
Florida 33401

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:

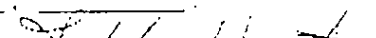
MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-------------------------|--|
| MGR | Katalin Szilagyi | 1001 Brickell Bay Drive | <input checked="" type="checkbox"/> Add |
| | | Suite 2700 | <input type="checkbox"/> Remove |
| | | Miami, FL 33131 | <input type="checkbox"/> Change |
| AMBR | Pal Kemeny | 1001 Brickell Bay Drive | <input checked="" type="checkbox"/> Add |
| | | Suite 2700 | <input type="checkbox"/> Remove |
| | | Miami, FL 33131 | <input type="checkbox"/> Change |
| MGR | Pal Kemeny | 2423 SW 147th Ave | <input type="checkbox"/> Add |
| | | Apt. 502 | <input checked="" type="checkbox"/> Remove |
| | | Miami, FL 33185 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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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 March 13 2019



Signature of a member or authorized representative of a member

Jeffrey Harrington

Typed or printed name of signer

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Open Mind Online School, 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:

Jeffrey Harrington

Name of Person

Harrington Legal Alliance

Firm/Company

100 S. Olive Avenue

Address

West Palm Beach, Florida, 33401

City/State and Zip Code

service@myhlaw.com

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

For further information concerning this matter, please call:

Jeffrey Harrington

561 253-6690
at ()
Area Code Daytime Telephone Number

Name of Person

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

FILED
19 MAR 25 PM 4: 09
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DIVISION OF CORPORATIONS