118000153427

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Cor	porations			
Resources 4	Learning LLC			
SUBJECT:				
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
		-		
Please return all correspo	ndence concerning this matter	to the following:		
	Vivian Kokonis			
		Name of Person		_
	Resources 4 Learning LLC		ort notification) 372 Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status &	
		Firm/Company		_
	12771 Marsh Pointe Way			
		Address	<u>.</u>	_
	Palm Beach Gardens, Fl 33	3418		
	viviankokonis@gmail.com	City/State and Zip Code		_
	_	o be used for future annual rep	ort notification)	
For further information co	oncerning this matter, please ca	all:		
Vivian Kokonis		561 762-1	372	
		at ()		
Name of	f Person	Area Code	Daytime Telephone Numbe	r.
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificated) Certified	ate of Status & d Copy

TO: Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

2022 HIN 17 DM 2- 50

Resources 4 Learning LLC		2022 JUN 17 PM 2:53
(Name of the Limited Liab	ility Company as it now appears on our reco da Limited Liability Company)	ords.)
(V. Lioti	da Elimed Elaomiy Company)	TALLAHASSEE. FL
the Articles of Organization for this Limited Liability lorida document number 1.18000153427	Company were filed on June 22, 2018	and assigned
orida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited liability company here:	
Simply Stacked LLC		
be new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADD</u>	<u> </u>	
Inter new mailing address, if applicable:		
• •		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		
If amending the registered agent and/or register		er the name of the new regist
gent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	r.nier r ioriaa sireet add	ress
		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
			□ Remove
			Change
			🗆 Add
			□Remove
			□Change
		 	⊡∧dd
			□Remove
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Page 2 of 3

										
										
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lote: If the	date is listed, the da date inserted in t	his block does	s not meet	the applica						
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	specifies a del n day after the			e, but not	an effect	tive time,	at 12:01	a.m. on	the ea	irlier o
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