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COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT: SCHE	DI Masters, LL Name of Limi	ted 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:	
	Jessica S	Benric Z Name of Person	
	School !	Masters, LLC Firm Company	
	14721 Pa	Months Palm Ay	<u>e.</u>
	Miami La	City/State and Zip Code	<u> </u>
	(COOS E-mail address: (1	Chool masters lic to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Jessica 2 Name o		at (<u>78b</u>) <u>812-7</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

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 ARTICLES OF ORGANIZATION **OF**

School Mail	STEYS, LLC lity Company as it now appears on our records.) da Limited Liability Company)
(A Flori	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 8 21 18 and assigned
Florida document number <u>L1800D20D37.3</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
	S 88
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	A
Transfer de la constant de la consta	∵
	ω 🥳
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the ne</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
,	City Zip Code

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
CEO	Nicole Bouzo	190 E. No Street	🖸 Add
		Hialegh, FL 33010	Remove
			Change
CEO	Maysa Cespedeu	15183 Lah Isle Dr. Wes	St WAdd
		MiamilakEs, FZ 3301	/ □ Remove
			Change
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Manei	ve date, if other than the date of filing: (optional)	7:	DS AT
an effe ote:	ctive date, if other than the date of filing:	ursum to	605:020
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	i the ea	rlier o
ated_	09/11/18		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00