## 118000228000

(Re	equestor's Name)	
(Ad	ldress)	
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(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





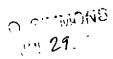
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SECRETARY OF STATE
SECRETARY OF STATE



## **COVER LETTER**

Division of Co			
TENTH D	EGREE LEARNING LLC		
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TERRI BROCE		
		Name of Person	
		Firm/Company	
	4220 ALHAMBRA CIRC	LE	
	CORAL GABLES, FL 33	Address	
	brocet@tenthdimensionlean	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
THOMAS RINGEL		at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TENTH DEGREE LEARNING LLC	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000228000</u>	were filed on 9/26/2018 and a	ssigned
·lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TENTH DIMENSION LEARNING LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del>-11</del>
		ستشر
Enter new mailing address, if applicable:	ن المالية	m
(Mailing address MAY BE A POST OFFICE BOX)	<b>原先星</b>	
	08.1	1
	OF T	n
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e of the
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	tmer r torida strevi adaress	
<del></del>	, Florida	
	City Zip Cod	e.

aw Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany 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>	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Add Remove
			Remers
			Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			<b>D</b> C

•	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffooti	us data if other than the data of films.
an effe	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
e red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
THE	Sour day after the record is med.
ated _	January 16 . 2019
	January 16, 2019  Signature of a member or authorized representative of a member  TERRI BROCE
	\ \V7\/\!\
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00