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SECRETARY OF STATE
ALLAHASSEE, FI DRICK

BL. VORISEK NOV 19 2018

### **COVER LETTER**

[FO: Registration Section Division of Corporations		
SUBJECT:	Academy, I	LLC
The enclosed Articles of Amendment and fee(s) are submi	nted for filing.	
Please return all correspondence concerning this matter to	the following:	
<u>Jordan</u>	Mo Zer-Brous Name of Person	<u> </u>
.)MB I	MNO Acadom	LIC
12061 Fount	ain brook Blud	Apt 1524
imb.da	FL 32825 City/State and Zip Code MP Flaamal	<u>5</u> . COM
ŭ	pe used for future annual report notification	n)
For further information concerning this matter, please call:	I	
Name of Person	at (724) 552-4 Area Code Daytime Tele	phone Number
Englosed 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	Calanda Liny as if now appears or our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 415053339	were filed on $\frac{1012918}{2018}$ and assigned
This amendment is submitted to amend the following:	C   C   C   C   C   C   C   C   C   C
A. If amending name, enter the new name of the limited liab	S ~ 1
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the habreviation "L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	/ <b>&gt;</b>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of the new registered office address have	
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	

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.

f 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jordan Mojzer-Br	Wan	🗆 Add
		12061 Fountainboox Blvd	Remove
		Apt-1524 Orlando FL 32825	Change
	<del></del>	Orlando FL DXXXX	, □ Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Remove
		<del> </del>	Change
	<del></del>		🗆 Add
			□ Remove
			Change
	<del></del>		Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ————————————————————————————————————
MA
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated
Worden Mozer-Bound  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00