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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Change Company Name from RebooTutoring LLC to Desktop Educators LLC SUBJECT: _ 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: Sharif Ghorab Name of Person Desktop Educators LLC Firm/Company 958 Bayberry Lane Address Rockledge/FL 32955 City/State and Zip Code desktopeducators@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sharif Ghorab 759-3285 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RebooTutoring L1	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f Florida document numberL19000089121	iled on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
Desktop Educators LLC	
The new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
C.ï	y Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provid being filed to merely reflect a change in the registered office addre company has been notified in writing of this change.	mance of my duties, and I am familiar with and ed for in Chapter 605, F.S. Or, if this document is

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
AMBR	Sharif S Ghorab	958 Bayberry Lane	□Add
		Rockledge, FL 32955 165	□Remove
			Change
AMBR	Magdy A Ghorab	958 Bayberry Lane	□Add
		Rockledge, FL 32955 US	□Remove
			↓ Change
			□ Add
		 	□Remove
			☐ Change
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an effective da <u>lote:</u> If the d	e, if other than the da te is listed, the date must be ate inserted in this block fective date on the Depar	specific and cannot be does not meet the a	e prior to date of fi applicable statut	ling or more than 90		
record specif Lis filed.	ies a delayed effective da	te, but not an effec	rtive time, at 12:0	01 a.m. on the ear	lier of: (b) The 90th	day after the
ated	August 9	Shair I	022			
	Sig	nature of a member o	r authorized repre	sentative of a mem	per	
			arif Ghorab			

Filing Fee: \$25.00