

L19000123003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

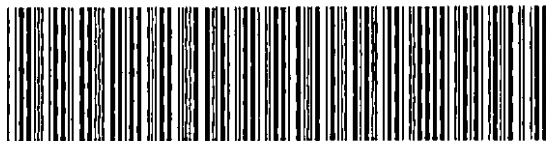
(Business Entity Name)

(Document Number)

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2019 OCT 23 PM 4:50

OCT 23 2019  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NATURAL BRIDGE LEARNING SOLUTIONS, LLC  
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:

Kasiner Chulak

Name of Person

NATURAL BRIDGE LEARNING SOLUTIONS, LLC

Firm/Company

113 SOUTH MONROE ST.

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

kehulak@nblsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kasiner Chulak                      850      5594315  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

NATURAL BRIDGE LEARNING SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/13/2019 and assigned  
Florida document number L19000123003.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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)

1845 N MARTIN LUTHER KING JR BLVD

PO Box 3772

Tallahassee, FL 32303

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JEREN GOLDSTEIN	113 SOUTH MONROE ST.	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LORETTA BRENINGMEYER	113 SOUTH MONROE ST.	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TRACY PITT	113 SOUTH MONROE ST.	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KASINER CHULAK	113 SOUTH MONROE ST.	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NBLS, INC.	113 SOUTH MONROE ST.	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NBLS, INC.	113 SOUTH MONROE ST.	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If appending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 23

2019

Signature of a member or authorized representative of a member

Kasiner Chulak

Typed or printed name of signee