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TO:		stration Section sion of Corpor		••		
SUBJE	CT∙	_	ods in Action Research for	Feachers, LLC		
JODJE						
The end	losed	Articles of Arr	nendment and fee(s) are subr	nitted for filing.		
Please 1	eturn	all corresponde	ence concerning this matter t	o the following:		
			Leroy Lawson			
				Name of Person		
				Firm/Company		
			290 Greenfield Avenue			
			Winter Haven, Florida 338	84		
			lplawson1030@gmail.com			
		-	E-mail address: (t	o be used for future annua	l report notification)
For furt	her in	formation conc	erning this matter, please ca	II:		
Leroy I	Lawso			224 3	07-9897	
		Name of Pe	erson	Area Code	Daytime Teleph	none Number
Enclose	d is a	check for the f	ollowing amount:			
≘ \$25	5.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address:	.io	Street A	Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strategic Methods in Action Research for Teachers, 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 November 12, 2019 and assigned Florida document number _L19000282179 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: My SMART Teacher, LLC 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) လှ 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 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 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>	Address	Type of Action
			□Remove
			□Change
			🗀 Add
			□Remove
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	χ		□Change

	
1	<u> </u>
(If an effective Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	De cember 2 2019 Signature of a prember or authorized representative of a member
	Zeroy Zowson Typed or printed name of signee