

10/6/2021

Division of Corporations

L210003738814688

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000373881 3)))



H210003738813ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305)960-2217
Fax Number : (305)397-2683

FILED
2021 OCT -6 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: TMILLER@DUANEMORRIS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRAINSTATION FLORIDA HOLDINGS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

OCT - 7 2021
S. PRATHER

2021 OCT -6 AM 11:58

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H21000373881

BRAINSTATION FLORIDA HOLDINGS, LLC

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

2021 OCT -6 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on January 19, 2021 and assigned
Florida document number L21000014688.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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

H21000373881

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H21000373881

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-------------------|---------------|--------------------------------|---|
| Authorized Person | GEORGE KONRAD | 469 King Street West, Ste. 200 | <input checked="" type="checkbox"/> Add |
| | | Toronto, Ontario Canada M5V1K4 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

H21000373881

H21000373881

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

N/A

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 5 2021Sign: Print: George Konrad, authorized agent of Manager

FILED
2021 OCT -6 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H21000373881

Filing Fee: \$25.00