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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer	
		J. HORNE
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Office Use Only



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## **COVER LETTER**

то:	Registration Sec Division of Corp		,		
SUBJE	CT: Teach for Tr	ust, LLC			
		Name of Lim	ited Liability Company		•
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please i	eturn all correspor	idence concerning this matter	to the following:		
		Richard A. Robertson II			_
			Name of Person		
		Teach for Trust, LLC			
			Firm/Company		_
		P.O. Box 48673			
			Address		_
		St. Petersburg, FL 33743			
			City/State and Zip Code		
		ricky.robertson83@gmail.co	om to be used for future annual re	amort notiGention	-
For fur	her information co	ncerning this matter, please ca		port notification)	
Richard	l A. Robertson II		at (_727) 430-	3960	
	Name of	Person	Area Code	Daytime Telephone Numb	per
Enclose	ed is a check for the	e following amount:			
□ <b>\$</b> 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific sed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)

Mailing Address:

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

Street Address:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Teach for Trust, LLC

24 Hay 26 May 19. (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

New Registered Office Address:	St. Petersburg	Enter Florida street	address Florida 33701
New Registered Office Address:	1157 Bdy St. 141		addrace
	1139 Bay St. Ni	Ξ	
Name of New Registered Agent:			<del></del> .
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new registered
(Mailing address MAY BE A POST OFFICE	(BOX)	St. Petersburg, FI. 33743	<u> </u>
Enter new mailing address, if applicable:		P.O. Box 48673	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new principal offices address, if appli	cable:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of	of the limited liab	ility company here:	
This amendment is submitted to amend the fol	lowing:		
Florida document number 1.23000542877	·		
	iability Company		

## 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 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
	<del></del>		
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		
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			□Change

Effective date, if other than the date of filing:	
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d is filed.	
d is filed.	
	day after the
Dated 1 March 21. 2024.	
Dated 1/0/CK 21. 2027.	
Signature of a member or authorized representative of a member	
Richard A. Robertson II	

EU E 05500