L14000146753

(Re	equestor's Name)	
(Ad	dress)	·
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

Divis	ion of Corpo	rations		
SUBJECT:	EARLY LE	ARNING CENTER OF	SUNRISE LLC	
		Name of Limite	ed Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		Steven Jacoby		
			Name of Person	
		ELC Broward Holding	gs LLC	
			Firm/Company	
		4401 North Hills Dr		
₩			Address	
		Hollywood FL 33021		
			City/State and Zip Code	
		smdcap@bellsouth.ne	et be used for future annual repor	(notification)
For further in	formation con	cerning this matter, please cal	·	Homeanon
Steven Ja		.	954 966-4	449
	Name of Po	erson		sytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

FILED

2015 HAR II AH II: 24

SEGNETARY OF STATE TALLAHASSEE, FLORIDA

EARLY LEARNING CENTER OF SUNRISE 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 _09/19/2014	and assigned
Florida document number L14000146753		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" of	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 of		enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	ia
And the region of the control of the	City	la Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I haraby goesant the approintment as posistaned assert and assert	en to get in this agreeit. I finth	an aamaa ta aanunkuuith tha

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = . Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steven Jacoby	4401 north hills dr Hollywood FI 33021	🗆 Add
			■ Remove
MGR	ELC Broward Holdings LL(4401 NORTH HILLS DR	■ Add
		Hollywood Fl 33021	Remove
· ·			Add
			Remove
			□ Remove ·

	•		Remove
			□ Add
			_□ Remove

. If am	Add new Article 6
7	ARTICLE 6 THE MEMBER OF THE LLC IS ELC Broward Holdings LLC
V. C.	tive data if other the data of filings.
(The ef	retive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Dated	Stra Golf
	Signature of a member or authorized representative of a member Steven Jacoby
	Typed or printed name of comes

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Filing Fee: \$25.00

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