L15000170001

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600282362596

03/03/16--01025--004 **25.00

SECRETARY OF STATE

HAROT POR

COVER LETTER

	Registration Se Division of Cor			
CUDIECT		arwater, LLC		
SUBJECT	Γ:		ited Liability Company	<u> </u>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	endence concerning this matter	to the following:	
		Mary Falduto		
			Name of Person	
		The Learning Experience		
			Firm/Company	
		4855 Technology Way, Su	ite 700	
			Address	
		Boca Raton, FL 33431		
			City/State and Zip Code	
		mfalduto@tlecorp.com E-mail address: (to be used for future annual report notifi	cation)
For further	r information c	oncerning this matter, please ca	·	,
Mary Falo	luto		561 886-6400 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing 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 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

any as it now appears on our records.) Liability Company)	
y were filed on	and assigned
bility company here:	
ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
3090 Sunset Point Road	<u> </u>
Clearwater, FL 33759	
office address on our records, <u>s</u>	SECRETARY SERVICE STATE
Enter Florida street address	
	da Zip Code
	Clearwater, FL 33759 Office address on our records, gre:

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
			□ Add
			□ Remove
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			A Ghange
			Add ,
			Add STOP Add STOP Remove Control Change
			Add
			Remove
			□ Change

r • •		
		-
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
		_
lote: If the date inserted in this bloocument's effective date on the De	t be specific and cannot be prior to date of filing or more that ock does not meet the applicable statutory filing requestrates of State's records. I effective date, but not an effective time,	irements, this date will not be listed as
The 90th day after the reco	ord is filed.	
02/11/2016 ated	,·	
Richard W	Signature of a member or authorized representative of a m	SECO HA
Richard S. Weissman		7 - 3 - 1 - 3
 	Typed or printed name of signee	
	Page 3 of 3	9: 42 STATE LORID

Filing Fee: \$25.00