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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	Registration Section of Con				
SUBJEC		TLE at Deerfield Beach, LLC			
SUBJEC.	.li	Name of Lin	nited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Mary Falduto			
			Name of Person		
		The Learning Experience			
			Firm/Company		
		210 Hitlsboro Technology	Drive		
		-	Address		
		Deerfield Beach, FL 3344	1		
			City/State and Zip C	ode	
			- L		
For furthe	er information c			дин герогі подті	canon)
Mary Fal	Iduto		561 at ()	886-6400	
	Name o	f Person	Area Code	Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Į.	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations					
	P.O. Bo	ox 6327	Clifto	n Building	
	Place of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Mary Falduto				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLE at Deerfield Beach, LLC	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	now appears on our records.)
(A Florida Limited Liabilit	(Company)
The Articles of Organization for this Limited Liability Company were	filed on 11/10/2015 and assigned
Florida document number L15000190533	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Cor	pany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	3.0
(Principal office address MUCT DE 4 CTDCET 4DDDCCC)	18
(Principal office address MUST BE A STREET ADDRESS)	THE PROPERTY OF THE PROPERTY O
	図 H
	SSR
Enter new mailing address, if applicable:	P P
(Mailing address MAY BE A POST OFFICE BOX)	7: 514
	30 33 E
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name of the new
	Florida
Ci	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	mance of my duties, and I am familiar with and ed for in Chapter 605, F.S. Or, if this document is
If Changing Re	gistered Agent, Signature of New Registered Agent

Page 1 of 3

If amendin	g Authorized Person(s) authorized to a from our records:	manage, enter the title, name, and addres	s of each person being added
MGR = N			
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Scott Anderson	210 Hillsboro Technology Drive	= Add
		Deerfield Beach, FL 33441	□ Remove
			Change
			□ Add
			🗖 Remove
			Change
			Add
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			□ Change
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				7:48
tive date, if other than th	ie date of filing:	0.00	(optional)	
If the date inserted in this	aust be specific and cannot be prior block does not meet the applica Department of State's records.	able statutory filing requir	90 days after filing.) Pursuant trements, this date will not be	to 603 e listo
cord specifies a delay e 90th day after the re	ed effective date, but not ecord is filed.	t an effective time, a	it 12:01 a.m. on the e	earli
i 02/12	2018			
Richard	Signature of a member of author	rized representative of a me	mber	_

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Filing Fee: \$25.00