

LO6 000045917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

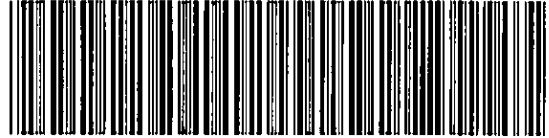
(Business Entity Name)

(Document Number)

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2019 DEC 20 PM 4:08  
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TAX 1018-1710

11/12/19

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2019

EARL D FREEKAND  
371 E MIDWAY ROAD  
FORT PIERCE, FL 34982

SUBJECT: ST. LUCIE COUNTY CLASSROOM TEACHERS ASSOCIATION  
AND CLASSIFIED UNIT, LLC  
Ref. Number: L06000045917

We have received your document for ST. LUCIE COUNTY CLASSROOM TEACHERS ASSOCIATION AND CLASSIFIED UNIT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 519A00024983

2019 DEC 20 PM 11:33

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ST. LUCIE COUNTY CLASSROOM TEACHERS ASSOCIATION AND CLASSIFIED UNIT, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EARL D FREELAND

Name of Person

ST LUCIE COUNTY CLASSROOM TEACHERS ASSOCIATION AND  
CLASSIFIED UNIT

Firm/Company

371 E MIDWAY ROAD

Address

FORT PIERCE, FL 34982

City/State and Zip Code

BARBARA.ZIEGLER@FLORIDAEA.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EARL DAVID FREELAND

772 464-6430  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

pd check 11955  
dated 11/6/19

### 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**

ST. LUCIE COUNTY CLASSROOM TEACHERS ASSOCIATION AND CLASSIFIED UNIT, 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 05/03/2006 and assigned  
Florida document number L06000045917.

This amendment is submitted to amend the following:

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

EDUCATION ASSOCIATION OF ST. LUCIE, LLC

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:

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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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

NONE

[illegible]

**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 December 17, 2019

Signature of a member or authorized representative of a member

EARL D. FREELAND  
Typed or printed name of signer