# 40000037126

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### **COVER LETTER**

· TO:

**Registration Section Division of Corporations** 

# Kinder Learning Connection 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:

## Ariel Bermudez

Name of Person

## Kinder Learning Connection LLC

Firm/Company

715 Empress St SE

Address

Palm Bay FL 32909

City/State and Zip Code

bermudez.ariel@gmail.com

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

For further information concerning this matter, please call:

## Ariel Bermudez

321 914-9663
Area Code Daytime Telephone Number

Name of Person

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)

#### **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

Kinder Learning Connection LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on April 6, 2010 and assigned
Florida document number <u>L10000037126</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and and with the words "I imited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
-	Elability Company, the designation   Electric of the aboreviation   E.E.C.
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADDRESS</u>	
	7. 7.
	<u> </u>
7.4	
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered	l office address on our records, enter the name of the
registered agent and/or the new registered office address	here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	F1 - 1
	, Florida, 7in 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

· MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lisa Dunbar	715 Empress St SE	
		Palm Bay FL 32909	Remove
			□ Add
			Remove
			□ Add
			Remove
<del></del>			
			□ Remove
	<del></del>		
			Remove
			□ Add
			□ Remove

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Page 3 of 3

Filing Fee: \$25.00