L11000020992

(Requestor's Name)				
(Address)				
. (Ad	ldress)	<u>.</u>		
(City/State/Zip/Phone #)				
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AUG 8 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations			
•			
	Y EDUCARE, LLC		
Name of Limited	l Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Brian H. Rosenberg CPA			
Name of Person			
Firm/Company			
160 Congress Park Drive, Suite 117			
Address			
Delray Beach, FL, 33445			
City/State and Zip Code			
bhrcpa@gmail.com E-mail address: (to be used for future annual report notification	on)		
	····		
For further information concerning this matter, plea	ase call:		
Brian H. Rosenberg CPA at (561) 278-2120		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amo	ount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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UNIVERSITY E	DUCARE, LI	_C	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000020992	were filed on	02/18/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	re:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	3892 HERON RIDGE LANE		
(Principal office address MUST BE A STREET ADDRESS)	WESTON, F	L 33331	
Enter new mailing address, if applicable:	P.O. Box 26		
(Mailing address MAY BE A POST OFFICE BOX)	VVESIONTE		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of the new
Name of New Registered Agent:	· · ·		
New Registered Office Address:	E	nter Florida street ada	lress
	City	, Florida	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager '
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TORRES NOGUESA, BLANCA	701 BRICKELL AVENUE SUITE 1650 MIAMLEL 33131 US	Add Remove
MRGM	ORTIZ ORDAZ, EDGAR J	701 BRICKELL AVENUE SUITE 1650 MIAMLEL 33131 US	Add _☑ Remove
MRGM	MARTINEZ, LUIS E	701 BRICKELL AVENUE SUITE 1650 MIAMI FL 33131 US	Add Remove
MRGM	POLEO, ARMANDO J	3892 HERON RIDGE LANE WESTON, FL 33331	Add Remove
,			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	- 12 DIV.
			SECRETARY IVISION OF CO 12 AUG -7
 Dated	8/ Nugust . Zaiz	A.	ED STATE OF STATE OR STATE OF STATE OF STATE OR STATE OF STATE OR STATE OR STATE OF STATE OR STATE OR STATE OF STATE OR
_	Signature of a member of	authorized representative of a member MATHEUS, MIGUEL A	— -
_	Typed or	printed name of signee Page 2 of 2	pening
	•	- m5v = VI #	/ ' ~ ~ `

Filing Fee: \$25.00

ROBERT LAPIERRE
Notary Public - State of Florida
My Comm. Expires May 5, 2015
Commission # EE 54848
Bonded Through National Notary Assn.