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(Requestor's Name)

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(City/State/Zip/Phone #)

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11 SEP 14 AM 9:54

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Childcare Partners at Boynton Beach, 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:

Mary Falduto

Name of Person

The Learning Experience

Firm/Company

4855 Technology Way, Suite 700

Address

Boca Raton, FL 33431

City/State and Zip Code

mfalduto@tlecorp.com

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

For further information concerning this matter, please call:

Mary Falduto

Name of Person

at (561)

886-6400

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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 14 AM 9:34

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DIVISION OF CORPORATIONS
11 SEP 14 AM 9:54

(A Florida Limited Liability Company)

Page 1 of 2

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:

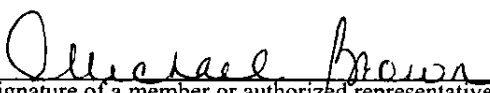
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	The Learning Experience HOLDING CORP.	4855 Technology Way, Suite 700 Boca Raton, FL 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael Brown	34 Meadowview Drive Northfield, IL 60093	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHAEL C. BROWN TRUST dated June 30, 2000	34 Meadowview Drive Northfield, IL 60093	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____


 Signature of a member or authorized representative of a member
 Michael C. Brown, Trustee
 Typed or printed name of signee