## L11000038170

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**EXAMINER** 



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SECRETARY OF STATE .

## **COVER LETTER**

Registration Section Division of Corporations

-14	SUBJECT:	Childcare	Partners at Boyr	nton Beach, Ll	_C	
•	**************************************		ame of Limited Liability			
	The enclosed Art	icles of Amendment and f	ee(s) are submitted for fil	ing.		11 SEP IL IM 9: SH
	Please return all	correspondence concerning	g this matter to the follow	ring:		6 14 S
	` .		Mary F	- alduto		<b>7</b> .9.
			Name o	f Person		ي
	, ,		The Learning Firm/C	g Experience ompany		
₹; * e	Section 1		4855 Technology	y Way, Suite 700	)	
***	ide Magri S		Add	lress		
· <b>4</b> 5 4	•		Boca Rator			
r			City/State as	nd Zip Code		
<b>.</b>		E-m	mfalduto@t ail address: (to be used for f	lecorp.com uture annual report noti	fication)	
	31	nation concerning this mat	ter, please call:			
1	**	Mary Falduto	at (	561 <sub>)</sub>	886-6400	
₹. 1.	Enclosed is a che	Name of Person  ck for the following amou			e Telephone Number	<del>.</del>
	\$25.00 Filing	Fee \$30.00 Filing Certificate	of Status Certif	Filing Fee & ied Copy ional copy is enclosed	d) Certified (	of Status &
•	•	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liab	ility Company were filed on	03/30/2011	and assigned		
Florida document numberL110000381	<u>70         </u> .				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liability company her	<u>re</u> :			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>		_		
	· <del></del>				
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:		• • • • • • • • • • • • • • • • • • • •			
New Registered Office Address:					
	Enter Florida street address				
-	<u> </u>	, Florida	7:		
	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 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			
MGRM	The Learning Experience HOLDING CORP.	4855 Technology Way, Suite 700 Boca Raton, FL 33431	Add Remove			
MGR	Michael Brown	34 Meadowview Drive Northfield, IL 60093	Add Remove 			
MGRM	MICHAEL C. BROWN TRUST dated June 30, 2000	34 Meadowview Drive Northfield, IL 60093	Add Remove			
· · · · · · · · · · · · · · · · · · ·			Add Remove			
			Add Remove			
<del>,</del>			Add Remove			
D. If amend	ling any other information, enter change(	s) here: (Attach additional sheets, if necessary.)				
_			_			
_			<del></del>			
Dated	Ollichae	e Brouss				
	-	authorized representative of a member				
		C. Brown, Trustee printed name of signee				

Page 2 of 2

Filing Fee: \$25.00