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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 0 4 2016 S. YOUNG

## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJE	Childcare P	artners at Boynton Beach, LLG	2			
SOBOL	ci	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
		Mary Falduto				
			Name of Person			
		The Learning Experience			5	TAI
			Firm/Company	<del></del>	MAR	LA
		4855 Technology Way, Su	ite 700		55-3	13.88 13.88
			Address		70	13 13 13 13 14
		Boca Raton, FL 33431			1 2: 34	OF STRIE
			City/State and Zip Code	<del></del>	31	(En
		mfalduto@tlecorp.com				
For furt	her information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif	ication)		
Mary F	alduto		561 886-6400			
	Name of	f Person	at () Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne 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 Standard Copy (additional copy is e	atus &	
	MAILI	INC ADDRESS:	STREET/COURIN	FR ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Childcare Partners at Boynton Beach, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 3/30/2011	and assign	ed
Florida document number L11000038170			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:	10160 Lyons Road		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FL 33472	S S	SECRI
		ů ů	FILE TARY AASSE
Enter new mailing address, if applicable:		- 2	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>က</u>	STATI
		<del></del>	> 10
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _	7: 6:1	
New Registered Agent's Signature if changing Registered Agent	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member	1	
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