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(Business Entity Name)		
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## **COVER LETTER**

TO: F

Registration Section
Division of Corporations

CHD IECT.

EDURENT, 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:

Chris Rucki

Name of Person

EDURENT, LLC

Firm/Company

28 W. Central Blvd. STE 200

Address

Orlando, FL 32801

City/State and Zip Code

chris.rucki@edurent.com

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

For further information concerning this matter, please call:

Chris Rucki

<sub>"(</sub>321<sub>\</sub>293-5300

Name of Person

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