C13000056981

# Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000182196 3)))

H170001821963ABC2

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

17 JUL 12 AM 11:49
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## EDUCATION & HEALTH PROVIDERS OF AMERICA JOG, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $25.00 |

RECEIVED
2017 JUL 12 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2017

Electronic Filing Menu Corporate Filing Menu Help

H17000182196

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

EDUCATION & HEALTH PROVIDERS OF AMERICA JOG, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/28/2009 and assigned Florida document number: L13000056981.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KID'S COLLEGE PRESCHOOL JOG, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

17 JUL 12 AM 11:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: JOHN J DUQUE

New Registered Office Address: 1387 NW 165 AVE
*Enter Florida street address*

PEMBROKE PINES, Florida 33028
*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.*

x John J Duque
**If Changing Registered Agent, Signature of New Registered Agent**



H17000182196

H17000182196

**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 = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | VANESSA DUQUE | 3644 10 AVENUE NORTH | ■ Add |
| | | PALM SPRINGS, FL 33461 | ☐ Remove |
| | | | ☐ Change |
| MGR | JONATHAN DUQUE | 3644 10 AVENUE NORTH | ■ Add |
| | | PALM SPRINGS, FL 33461 | ☐ Remove |
| | | | ☐ Change |
| MGR | CLAUDIA DUQUE | 3644 10 AVENUE NORTH | ■ Add |
| | | PALM SPRINGS, FL 33461 | ☐ Remove |
| | | | ☐ Change |
| MGRM | JOHN J DUQUE | 1387 NW 165 AVE | ☐ Add |
| | | PEMBROKE PINES, FL 33028 | ■ Remove |
| | | | ☐ Change |
| MGR | JOHN J DUQUE | 1387 NW 165 AVE | ■ Add |
| | | PEMBROKE PINES, FL 33028 | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

17 JUL 12 AM 11:49
FILED
TALLAHASSEE, FLORIDA



H17000182196

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

E. **Effective date, if other than the date of filing:** _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 12, 2017

x _____
Signature of a member or authorized representative of a member

JOHN J DUQUE
Typed or printed name of signee



H17000182196