

L14000019107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

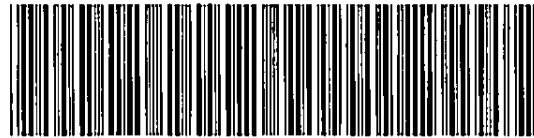
(Business Entity Name)

(Document Number)

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OCT 17 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EDUCA GROUP, 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:

CARLA DI CLEMENTE  
Name of Person

Firm/Company

2050 CORAL WAY, STE. 205  
Address

MIAMI, FLORIDA 33145  
City/State and Zip Code

diclemente.carla@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLA DI CLEMENTE at (352) 870-9083  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EDUCA GROUP, 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 FEBRUARY 3, 2014 and assigned Florida document number L14000019107.

This amendment is submitted to amend the following:

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

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)

2050 CORAL WAY

STE 205

MIAMI, FLORIDA 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2050 CORAL WAY

STE 205

MIAMI, FLORIDA 33145

**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:

CARLA DE CLEMENTE

New Registered Office Address:

2050 CORAL WAY, STE 205

Enter Florida street address

MIAMI

City

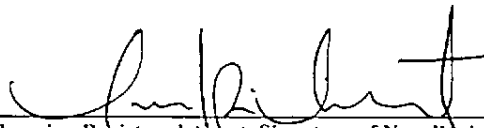
Florida

33145

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FABIAN DE SOUSA	2803 COCONUT AVE	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLA DE CLEMENTE	2050 CORAL WAY	<input type="checkbox"/> Add
		STE 205	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33145	<input checked="" type="checkbox"/> Change
MGR	JEANORAY N. MARTINEZ	INVERSIONES WABEM, LLC	<input checked="" type="checkbox"/> Add
		495 BRICKELL AVE, 1201	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated OCTOBER 13, 2017

Signature of a member or authorized rep

Signature of a member or authorized representative of a member

CARLA DI CLEMENTE

Typed or printed name of signee