## 47526

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(City/State/Zip/Phone #)
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(Document Number)
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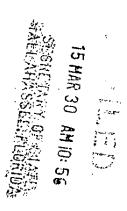




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J. Stilvers APR 17 7015



## **COVER LETTER**

	gistration Sec vision of Corp		***************************************	<b>b</b> a
SUBJECT:	Moore's E	ducational Health Ser	vices, LLC.	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Shaun Renee' Moore	e	
			Name of Person	
		Moore's Educational	Health Services, LLC.	
			Firm/Company	
		4225 Bellasol Circle	Unit 1615	
			Address	
		Fort Myers, Florida	33916	
			City/State and Zip Code	
		smoore1031@yahoo		
		·	to be used for future annual report notifi	cation)
For further i	nformation co	ncerning this matter, please co	all:	
Shaun R	enee' Moor	re ·	727 389-0166	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	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 Tailahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moore's Educational Heal (Name of the Lim	olted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Florida document number <u>L15000047526</u>	Liability Company were filed on March 1	6, 2015 and assigned
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and end with th	e words "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered	office address here:	15 3000
Name of New Registered Agent:	Shaun Renee' Moore	AND MAR 121
New Registered Office Address:	4225 Bellasol Circle Unit 1615	92 O Pro-
	Enter Florida stree	raddress 33916 5
New Registered Agent's Signature, if changing	City  Registered Agent:	Zip <b>S</b> pde
l hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete performance of my du	ties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

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ective date, if other than the date of filing:	(optional)
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be	(optional) more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)	(optional) more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)	(optional) more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)	more than 90 days after
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Filing Fee: \$25.00

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