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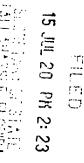
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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JUL 22 2015 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporation	ons .			
SUBJ	ECT: Stace	Py Mayo Name of Limit		UC	
The en	sclosed Articles of Amend	Iment and fee(s) are subn	nitted for filing.		
Please	return all correspondence	concerning this matter t	o the following:		
		Stace	Y Mayy	2	
			Firm/Company		
		7915 1	13th Ave C	ir E	_
		Parris Stace	City/State and Zip Code	4219 Hional ha	_ arbor.com
For fu	rther information concern		d be used for future annual re	eport notification)	
<u>a</u>	Hacly M Name of Person	ayo	at (<u></u> 441) Area Code	920 - 393 Daytime Telephone No	
Enclo	sed is a check for the follo	owing amount:			
ἀ (s:	25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer osed) Cer	00 Filing Fee, tificate of Status & tified Copy litional 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

Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w		5_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Educational Harbor The new name must be distinguishable and contain the words "Limited Liability	East UC	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1020 10th AVE	. ω
(Principal office address MUST BE A STREET ADDRESS)	Palmetto, Fi	34221
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here:		the name of the new
registered agent and/or the new registered office agent con 1920.		
Name of New Registered Agent: New Registered Office Address:		55 55 58 5
New Registered Office Address.	Enter Florida street address Florida	FILE 20 LASSIT
	City	_ Zip Code 🔘
New Registered Agent's Signature, if changing Registered Agent:		SE 2:
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am ovided for in Chapter 605, F.S. O	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 $AMBR = A$	tuthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
; ;		and the second s	Change
<u>.</u>			Add
			☐ Remove
			□ Change
			
			Remove
			☐ Change
			Add
,			Add 15 Jane Part 20
			Change C
·			Remove Remove Change Change Change Condition Add Add
			Remove
			Chonus

. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)	
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Note: docume	(eptional ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date int's effective date on the Department of State's records.	e will not b	e listed as the
	90th day after the record is filed.		
Dated_	July 14, 2015.	3¥3∴	
	Signature of a member of authorized representative of a member	<u> </u>	5
	Stacey Mayo	3554.	FIL. 20
	Typed or printed name of signce		ILED
	Page 3 of 3	용표	2: 23

Filing Fee: \$25.00