K15000211398

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
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COVER LETTER

| Divisi | on of Corp | oorations. | · | |
|---|---------------|--|--|---------------------------|
| SUBJECT: | SUPERIO | OR SCHOOLS EARLY LEA | RNING, LLC | |
| SOIMET | | Name of Lim | nited Liability Company | |
| | | | | |
| The enclosed A | crticles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please return al | ll correspor | ndence concerning this matter | to the following: | |
| | | | | |
| | | Jeffrey P. Coleman | | |
| | | | Name of Person | |
| | | Coleman Law Firm | | |
| | | · · | Firm/Company | |
| | | 581 S. Duncan Ave. | | |
| | | , | Address | |
| | | Clearwater FL 33756 | | |
| | | | City/State and Zip Code | |
| | | jeff@colemanlaw.com | | |
| | | E-mail address: (| (to be used for future annual report notification) | |
| For further info | ormation co | oncerning this matter, please c | call: | |
| Jeffrey P. Colo | man | | 727 461-7474 | D:v. 22 |
| Name of Person Area Code Daytime Telephone Number | | | | מאליינים 107 אינו 1 |
| | | | | 1 27 |
| Enclosed is a c | heck for the | e following amount: | | B 報題 |
| ≡ \$ 25.00 Fili | ing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Cop (additional copy) | Status & |

<u>Mailing Address:</u>
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPERIOR SCHOOLS EARLY LEARNING, 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 ___12-22-2015 and assigned Florida document number __L15000211398 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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> | Address | Type of Action |
|--------------|--------------------------|------------------------|-----------------|
| MGR | JENNY TSANTILAS | 861 N. HERCULES AVENUE | □Add |
| | | CLEARWATER, FL 33765 | □Remove |
| | | | = Change |
| AMBR | GEORGIA A. CHRISTOPOULOS | 3017 KEY HARBOR DRIVE | |
| | | SAFETY HARBOR FL 34695 | □Remove |
| | | | □Change |
| AMBR | ANTIOPI G. CHRISTOPOULOS | 3017 KEY HARBOR DRIVE | 🗏 Add |
| | | SAFETY HARBOR FL 34695 | Remove |
| | | | □ Change |
| AMBR | SAMANTHA S. CHRISTOPOULO | 3017 KEY HARBOR DRIVE | <u> </u> |
| | | SAFETY HARBOR FL 34695 | O Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

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. 2022 Signature of a member or authorized representative of a member JEFFREY P. COLEMAN, Esquire Typed or printed name of signee

Filing Fee: \$25.00