

L16000016348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

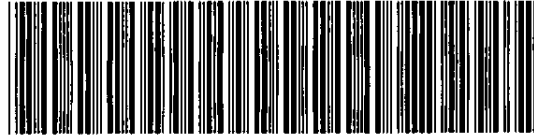
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600282200066

03/18/16--01013--020 **25.00

FILED

2016 MAR 17 P 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2016

S MASON

NO \$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2016

LUIS EDUARDO PELAEZ
2451 BRICKELL AVENUE #14G
MIAMI, FL 33129

SUBJECT: 244 EDUCA LLC
Ref. Number: L16000016348

We have received your document for 244 EDUCA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 016A00004640

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 244 EDUCA 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:

LUIS EDUARDO PELAEZ

Name of Person

244 EDUCA LLC

Firm/Company

2451 BRICKELL AVE #14G

Address

MIAMI FL 33129

City/State and Zip Code

ep@qualiden.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Eduardo Pelaez

786 351-0500
at ()

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**

244 EDUCA 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 January 25 2016 and assigned
Florida document number L16000016348

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2451 BRICKELL AVE #14G

MIAMI FL 33129

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:

LUIS EDUARDO PELAEZ

New Registered Office Address:

2451 BRICKELL AVE #14G

Enter Florida street address

MIAMI

City

Florida 33129

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
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>
M	LUIS EDUARDO PELAEZ	2451 Brickell Ave #14G	<input checked="" type="checkbox"/> Add
		MIAMI FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	HAROLD CALLE	1820 N CORPORATE LAKES BL	<input type="checkbox"/> Add
		SUITE 108 WESTON FL 33326	<input checked="" 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
			<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

2016 MAR 17 P 1:49
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2016 MAR 17 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA