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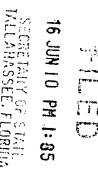
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	-	istration Section ision of Corporations
SUBJECT	CT:	Exceptional Individuals Learning Center
		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:

,	Kate Massie		
		Name of Person	
	··Exceptional Individuals L	earning Center	
		Firm/Company	dress and Zip Code future annual report notification) 07 619-5278 rea Code Daytime Telephone Number 0 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status &
	7330 Matchett Road		
		Address	
	Belle Isle, FL 32809		
		City/State and Zip Code	
	KLP0825@yahoo.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Kate Massie		407 619-5278	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

	City , Florida	Zip Code
	. Florida	
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
-		©
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, ent	er the name of the new
(Mailing address MAY BE A POST OFFICE BOX)		SS 0
Enter new mailing address, if applicable:		
		16.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
•		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Special Needs After-School Program Center, LLC	doney company nere.	
A. If amending name, enter the new name of the limited li	ahility company here:	
This amendment is submitted to amend the following:		
Florida document number L16000023649		
The Articles of Organization for this Limited Liability Compa	ny were filed on February 03, 2016	and assigned
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
•	noany as it now annears on our records.)	
Exceptional Individuals Learning Center, LLC		

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>	Address	Type of Action
•			
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te: If the date inserted in this	ne date of filing: out be specific and cannot be prior block does not meet the applic Department of State's records	to date of filing or more that able statutory filing requi	(optional) n 90 days after filing.) Poterements, this date with	rsuant to 605. I not be liste	.0207 ed as
record specifies a delay he 90th day after the re	ed effective date, but no ecord is filed.	t an effective time,	at 12:01 a.m. on	the earlie	er of
ed May 26	2016				
K	A Marco				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00