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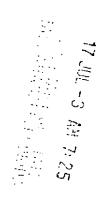
(i	Requestor's Name)	
{/	Address)	
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((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
(1	Document Number)	<u>.</u>
Certified Copies	Certificates of	Status
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COVER LETTER

TO:	Registration Se Division of Cor			
CUBIE		ds After-School Program Cent	ter LLC	
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Kate Massie		
			Name of Person	
		Special Needs After-School	ol Program Center LLC	
			Firm/Company	
		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 furth	her information co	oncerning this matter, please of	all;	
Kate Ma	assie		407 619-5278 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne 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

Company as it now appears on our re	eords 1
imited Liability Company)	,
mpany were filed on 02/03/2016	and assigned
ed liability company here:	
ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
ESS)	:·:
	17
	
	72.
	72 2
rad office address on our rec	ards ontar the name of the
ess here:	ords, enter the name of the
Enter Florida street a	ddress
	, Florida
	Company as it now appears on our red office address on our red set here: Enter Florida street a designation of the designation

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
MGR	Kate Massie	7330 Matchett Road Belle Isle, FL	□ Add
			☐ Remove
			⊟ Change
MGR	Suzanne Pelo	4450 Mills Road Deland, FL 32724	□ Add
			Remove
			Remove
		·	☐ Change
			🗖 Add
			Remove
			☐ Change
			D Add
			Remove
			☐ Change
			Remove
			□ Change

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	·
ctive date, if other than the date of filing:	(optional) by or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect ne 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie
d 16-28 2017. Kale Messie	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00