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## **COVER LETTER**

TO:	Registration Section Division of Corpo					
SUBJ	ест: <i>Е</i>	Education Ac Name of Lim	LVENTURE LLC ited Liability Company			
The e	nclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
		Ar	ndrea Scahil	//		
			im City Kic			
		4613 N.	University 1	Drive #61	q	
		<u>Coral</u> Stranc	Springs, FL. 3 City/State and Zip Code ity Kids a gmail. to be used for future annual report in	3067 .com	2019 2021 - 6	1.4- C
	•	E-mail address: (	to be used for future armual report in	iotification)	• •	
For fu	rther information cond	eerning this matter, please ca	all:			ים ני
	Stophen Name of Pe	Fredmonlie	at ( <u>570</u> ) <b>86</b> Area Code Days	2-0153 time Telephone Number		
Enclo	sed is a check for the f	following amount:				
e s:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

### 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

Education A	dventurer LLC	our records )	
(A Florid	a Limited Liability Company)	741 TV 01 (3.7)	
The Articles of Organization for this Limited Liability C Florida document number <u>L</u> 160009 4 2-55		/1/16:	and assigned
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  Articles of Organization for this Limited Liability Company were filed on			
A. If amending name, enter the new name of the lim	nited liability company here:		
The second has distinguishable and contain the words "Liv	aired Liability Company "the decions	ation "LLC" or the abbrevia	tion "L L C "
the new name must be distinguishable and comain the words. Cin	ticles of Organization for this Limited Liability Company were filed on		
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDI	RESS)	·	
			76
	<del></del> <del></del>		
Enter now mailing address if applicables			
			on Harie
(Mailing address MAY BE A POST OFFICE BOX)	·	<del></del>	
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		records, <u>enter the</u>	name of the nev
registered agent and/of the new registered office and	ites iter.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City	$Zi_{l}$	n 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.

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 = AI	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stephen M Fredmonshi	224 5W 27th Terrace	
	•	124 5W 17th Terrace Delray Beach, FL 33445	D Remove
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`an effec <del>Vote:</del> T	ve date, if othe ctive date is listed, If the date inserte int's effective da	the date must bed in this bloc	e specific and k does not m	cannot be prioneet the application	r to date of filin cable statutor	ig or more than 90	) days after til	ing.) Purst	iant to 60 ot be lis	)5.0207 ( sted as t
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