

# L16000042557

\_\_\_\_\_  
(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



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AND  
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2019 MAY -6 PM 3:59  
CLERK OF DISTRICT COURT

T GLASS

MAY 20 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Education Adventurer 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:

Andrea Seahill  
Name of Person

Steam City Kids  
Firm/Company

4613 N. University Drive #619  
Address

Coral Springs, FL 33067  
City/State and Zip Code

steamcitykids@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Fredmanli at ( 570 ) 862-0153  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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Education Adventurer LLC

Page 1 of 3

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>                      |
|--------------|----------------------|------------------------|--|
| MGR          | Stephen M Fredmorski | 224 SW 27th Terrace    | <input type="checkbox"/> Add               |
|              |                      | Delray Beach, FL 33445 | <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            |
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DAKOTA COUNTY

(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)

Dated May 2nd. 2019

Stet R. Phillips

Signature of a member or authorized representative of a member

Stephen Fredmonski

Typed or printed name of signee