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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EARLY EDUCATION DEVELOPMENT 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:
YUNFENG XU Name of Person
THE LEARNING EXPERIENCE Firm/Company
6290 LAKE SMITH CIRCLE
WINDERMERE FL 34786 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yun Fen S Xu at (350) 777-988 P 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 & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 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

		sn) Developmen	TLLC
(Name of the Limited (A	Liability Compa Florida Limited	any as it now appears on our record Liability Company)	<u>S.</u>)
The Articles of Organization for this Limited Liab	oility Company >64688	were filed on <u>0410120</u>	ollo and assigned
This amendment is submitted to amend the follow	ing:		三 二, 5
A. If amending name, enter the new name of the	<u>he limited liab</u>	oility company here:	10.2 10.2 10.2 10.2 10.2 10.2 10.2 10.2
The new name must be distinguishable and contain the work	ds "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)		6290 LAKE SM WINDERMORE, 1	1174 CIRELE FL 34786
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	6290 LAGE SM WINDERMERE F	Hh circle 24186
B. If amending the registered agent and/or registered agent and/or the new registered office			s, enter the name of the nev
Name of New Registered Agent:	YUNF	ene Xir	
New Registered Office Address:	6290	LAKE SMHH C Enter Florida street addres	rele
	WINDER	City, Flo	orida <u>3478 6</u> Zip Code
N D ' A DA ALOY A LOD Y S			

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> **Address** <u>Name</u> Type of Action VITIS Sprauding DAK Dr. WINDERMONE TL 34786 Remove ☐ Change □ Add □ Remove ☐ Change __ Change— ☐ Remove ☐ Change □ Remove ☐ Change ☐ Add □ Remove ☐ Change

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Filing Fee: \$25.00