

L16000104035

(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



700436667457

09/17/24--01029--010 **25.00

FILED
24 SEP 17 AM 6:00
CLERK OF SUPERIOR COURT
JANUARY 17, 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLOOMINGDALE EDUCATION CENTER, 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:

MICHAEL A. SCANIO, II

Name of Person

BLOOMINGDALE EDUCATION CENTER, LLC

Firm/Company

320 W. KENNEDY BLVD., SUITE 200

Address

TAMPA, FL 33606

City/State and Zip Code

MICHAEL.SCANIO@PRO-JECT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A. SCANIO, II

813

251-0388

at ()

Name of Person

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 &
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIC E. MULLER	320 W. KENNEDY BLVD., SUITE 200	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL A. SCANIO, II	320 W. KENNEDY BLVD., SUITE 200	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33606	<input 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 11, 2024

Typed or printed name of signee

Filing Fee: \$25.00