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

4 SEP 17 AH 6: 00

TILEO

COVER LETTER

		1	COVER LETTER	
TO:				•
CHD HEZ			ER, LLC	
SORTE	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MICHAEL A. SCANIO. II	I	
TO: Registration Section Division of Corporations SUBJECT: BLOOMINGDALE EDUCATION CENTER, LLC				
	TO: Registration Section Division of Corporations 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, II E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL A. SCANIO, II S13 251-0388 Area Code Daytine Telephone Number Bacclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificat copy is enclosed) (additional copy is enclosed)			
			Firm/Company	
		320 W. KENNEDY BLVI	D., SUITE 200	
			Address	
		TAMPA, FL 33606		
			City/State and Zip Code	
		— — — — — — — — — — — — — — — — — — —		
		oncerning this matter, please ca	all:	cation)
MICHA	EL A. SCANIO.	, II		
	Nume o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	he following amount:		
■ \$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOOMINGDALE EDUCATION	CENTER, LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records. .ability Company))
The Articles of Organization for this Limited L Florida document number <u>L16000104035</u>		were filed on 05/27/2016	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			24 SEP 17
(Mailing address MAY BE A POST OFFICE BOX)		+0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
B. If amending the registered agent and/or agent and/or the new registered office addre	~	iddress on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:	MICHAEL A. S	SCANIO, II	
New Registered Office Address:	320 W. KENNI	EDV BLVD., SUITE 200	
		Enter Florida sn eet address	

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.

Cin

TAMPA

If Changing Registered Agent, Signature of New Registered Agent

, Florida 33606 Zip Code 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>	Name	Address	Type of Action
MGR	ERIC E. MULLER	320 W. KENNEDY BLVD., SUITE 200	□Add
		TAMPA, FL 33606	■Remove
			□ Change
MGR	MICHAEL A. SCANIO, II	320 W. KENNEDY BLVD., SUITE 200	■Add
		TAMPA, FL 33606	□Remove
			□ Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			Change

			_	
				
				
<u> </u>				
·			<u> </u>	
· · · · · · ·		-		
				
				
-				
				
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applical	o date of filing or more that ble statutory filing requ	(optional) in 90 days after filing.) Pursuan irements, this date will not	nt to 605,0207 (3) be fisted as the
he record specifies a delayed effective dord is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th d	ay after the
Dated SEPTEMBER 11	; 2024			
Si	gnature of a member or author	ized representative of a m	ember	
MICHAEL A. SCANIO, II				
		I name of signee		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) _ (optional) 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. 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. SEPTEMBER 11 2024 Signature of a member or authorized representative of a member MICHAEL A. SCANIO, II Typed or printed name of signee

Filing Fee: \$25.00