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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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2017 HAY 11 PH 3: 25
SECRETARY OF STATE

K. SALY MAY 1 1 2017

COVER LETTER

	on of Corp			
SUBJECT:		EduCl	ear, LLC.	
SUBJECT		Name of Limi	ted Liability Company	
The enclosed A	articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return al	l correspon	dence concerning this matter t	to the following:	
		Yo	orunda James	
			Name of Person	
		Ed	uClear, LLC.	
		-	Firm/Company	
		15	19 West Orange Avenue	
		· · ·	Address	
		Tallah	assee, Florida 32310	
			City/State and Zip Code	
E-mail address: (to be used for future annual report notification)				
For further info	rmation cor	ncerning this matter, please ca	-	eation)
Yorund	la James		at () 401-6585 Area Code Daytime	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a cl	heck for the	following amount:		
□ \$25.00 Fili	ng 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 MAY 11 PM 3:25
TALLAHASSEE. FLORIDS

	lear, LLC.	RYDECT		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	SEE. FLORID		
The Articles of Organization for this Limited Liability Company Florida document number L16000210601		assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	"L.L.C."		
Enter new principal offices address, if applicable:	1519 West Orange Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, Florida 32310			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3453 EXMOUTH L Tallahassee, Florida 32317	ane		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ne of the ne		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zin Co	nde		

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>	<u>Name</u>	Address	Type of Action
MGR	JAKE BARDEN	2415 NORTH MONROE ST	
		SUITE 2038	Remove
		TALLAHASSEE, FL 32301	□ Change
MGR	JENNIFER DONALD	2415 NORTH MONROE ST	□ Add
		SUITE 2038	■ Remove
		TALLAHASSEE, FL 32301	□ Change
MGR	GREG DONALD	2415 NORTH MONROE ST	□ Add
		SUITE 2038	■ Remove
		TALLAHASSEE, FL 32301	□ Change
CED	Yorunda James	3453 Exmouth L	
		TALLahassee, EL 32317	□ Remove
			■ Change
		•	SECRETARY OF STATE Remove
			□ Change

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ective date, if oth	er than the date of	filing:		fontio	nai)	
effective date is listed	L the date must be specified in this block does	ic and cannot be prior	to date of filing or mo	re than 90 days after	nai) filing.) Pursuant to 605.02 date will not be listed	207 (3 as th
ument's effective d	ate on the Departmen	t of State's records		requirements, mis	date will not be listed	4 3 111
record specifies he 90th day aft	a delayed effecti er the record is fi	ive date, but no iled.	ot an effective ti	ne, at 12:01 a	.m. on the earlier	of:
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· · · · · · · · · · · · · · · · · · ·	Signature	of a member or auth	orized representative of	f a member		
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Page 3 of 3

Filing Fee: \$25.00



March 14, 2017

EDUCLEAR, LLC YORUNDA JAMES 1519 WEST ORANGE AVE. TALLAHASSEE, FL 32310

SUBJECT: EDUCLEAR, LLC Ref. Number: L16000210601

We have received your document for EDUCLEAR, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing the last page (signature page) of the document. Enclosed is the missing page for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00004920