

LI6000210601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

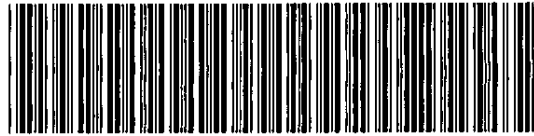
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY 11 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EduClear, 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:

Yorunda James
Name of Person
EduClear, LLC.
Firm/Company
1519 West Orange Avenue
Address
Tallahassee, Florida 32310
City/State and Zip Code
monade@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yorunda James 813 401-6585
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	JAKE BARDEN	2415 NORTH MONROE ST	<input type="checkbox"/> Add
		SUITE 2038	<input checked="" type="checkbox"/> Remove
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Change
MGR	JENNIFER DONALD	2415 NORTH MONROE ST	<input type="checkbox"/> Add
		SUITE 2038	<input checked="" type="checkbox"/> Remove
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Change
MGR	GREG DONALD	2415 NORTH MONROE ST	<input type="checkbox"/> Add
		SUITE 2038	<input checked="" type="checkbox"/> Remove
		TALLAHASSEE, FL 32301	<input type="checkbox"/> Change
CEO	Yorunda James	3453 EXmouth LN.	<input type="checkbox"/> Add
		Tallahassee, FL 32317	<input type="checkbox"/> Remove
			<input checked="" 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

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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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 filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated

March 30

2017

March 30, 2017
 [Signature]
 Signature of a member or authorized representative of a member
 YORWODA James
 Typed or printed name of signer

YORUNDA JAMES
Typed or printed name of signer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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