

L16000210601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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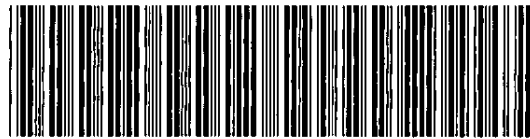
(Business Entity Name)

(Document Number)

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JUN 16 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 JUN 16 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUN 16 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:

Gregory Donald
Name of Person
EduClear, LLC.
Firm/Company
2415 North Monroe Street, Suite 2038
Address
Tallahassee, Florida 32303
City/State and Zip Code
info@educleardashboard.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Gregory Donald at (850) 510-7341
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EduClear, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 11/18/2016 and assigned
Florida document number L16000210601

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2415 North Monroe Street, Suite 2038

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, Florida 32303

Enter new mailing address, if applicable:

2415 North Monroe Street, Suite 2038

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, Florida 32303

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2415 North Monroe Street, Suite 2038

Enter Florida street address

Tallahassee

, Florida

32303

City

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jake Braden	2415 North Monroe St., Ste. 2038	<input checked="" type="checkbox"/> Add
		Tallahassee, Florida 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Greg Donald	2415 North Monroe St., Ste. 2038	<input checked="" type="checkbox"/> Add
		Tallahassee, Florida 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yorunda James	2415 North Monroe St., Ste. 2038	<input type="checkbox"/> Add
		Tallahassee, Florida 32303	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jennifer Donald	2415 North Monroe St., Ste. 2038	<input checked="" type="checkbox"/> Add
		Tallahassee, Florida 32303	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUN 18 1967
FBI - NEW YORK

6/16/17

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 June 16, 2017

_____, _____
Greg. Donelle
 Signature of a member or authorized representative

Typed or printed name of signee