46000210601

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COVER LETTER

TO:	Registration Sec Division of Corp			
er:br	EduClear, L			
SUBJ	ECT:		ted Liability Company	·····
The er	nclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Gregory Donald		
			Name of Person	
		EduClear, LLC		
			Firm/Company	
		P.O. Box 215		
			Address	· · · · · · · · · · · · · · · · · · ·
		Oakland, Florida 34760-02	15	
		info@educleardashbord.on	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	dl:	
Grego	ory Donald		850 510-7341	
	Name of	í Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILES

2819 OCT -9 PM 3: 24

EduClear, LLC (Name of the Limited Liability Company as it now appears on our records.) - AIAR OF STATE (A Florida Limited Liability Company) 11/18/2016 The Articles of Organization for this Limited Liability Company were filed on 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.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 215 Enter new mailing address, if applicable: Oakland, Florida 34760-0215 (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address ___, Florida ____

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	Jacob, not Jake Braden (changing format of name - same person)	P. O. Box 215	
		Oakland, Florida 34760-0215	
			☐ Remove
			Change
	Gregory, not Greg Donald	P. O. Box 215	
MGR	(changing format of name)	1. O. DOX 213	□ Add
		Oakland, Florida 34760-0215	
			☐ Remove
			■ Change
			Change
			
			7.0
		****	□ Remove
			Change
			Add
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			☐ Remove
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			Remove
			☐ Change

					
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		10/9/19			
ffective date, if other the an effective date is listed, the d lote: If the date inserted in ocument's effective date or	ate must be specific an this block does not	nd cannot be prior to meet the applical	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) equirements, this date w	Pursuant to 605.0207 Fill not be listed as
e record specifies a de The 90th day after th			an effective tim	e, at 12:01 a.m. o	n the earlier of
October 9	r .	2019			
			_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00