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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

OCT - 2019

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

P.O. Box 215

Address

Oakland, Florida 34760-0215

City/State and Zip Code

info@educlearashbord.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Donald

850 510-7341
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

FILED

EduClear, LLC

ds.) - 2000 - STATE
CHASSEL, FL 32002

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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	Jacob, not Jake Braden (changing format of name - same person)	P. O. Box 215	<input type="checkbox"/> Add
		Oakland, Florida 34760-0215	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Gregory, not Greg Donald (changing format of name)	P. O. Box 215	<input type="checkbox"/> Add
		Oakland, Florida 34760-0215	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

E. Effective date, if other than the date of filing: _____ (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.

Dated October 9, 2019

Donna

Gregory Donald

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Filing Fee: \$25.00