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## · COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Specialized	d Education Associates		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elizabeth A. Wilson		<del> </del>
		Name of Person	
	Specialized Education As	sociates	
		Firm/Company	
•	2652 South Hannon Hill I		<del></del>
		Address	
	Tallahassee, Florida 3230	9	
		City/State and Zip Code	
	ewilson@specializededucators.co	om to be used for future annual report noti	itivation)
			meaning
For further information c	oncerning this matter, please c	ан:	
Elizabeth Wilson		at ( 850 ) 933-8978	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Specialized Education Associates, 444

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{7/31/2020}{2}$ $\frac{7}{1}$ $\frac{7}{1}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
•	
	(7)0 OC.)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>.</u>
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:	
NI CNI De l'acce d'Amante	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
the second second second second	
Sew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete scept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persoa(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>Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eileen Bischof	2899 Royal Oaks Drive, Tallahassee FL 32309	□Add
			🖺 Remove
			□Change
<u>.</u>			□Add
·			🗆 Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
		<u></u>	□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effec	tive date, if other than the date of filing:
lf an e	ffective 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
<u>Note</u> docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	·
e reco	ord 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
rd is	
Date	3/1/ 2020.
.,	$\frac{3}{2} \frac{1}{2} \frac{3}{2} \frac{3}$
	Stafith H. Wilson
	Signature of a member or authorized representative of a member
	Elizabeth A. Wilson Typed or printed name of signee
	Elizabeth A. Wilson Typed or printed name of signee

EU E 635 04