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COVER LETTER

TO: Registration So Division of Cor			
	y Learning Center LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following.	
	Rachel Melntyre		
		Name of Person	
	Estero Early Learning Cent	ter E.L.C	20: S:
		Firm Company	FIL- 2021 JUL- SECRETAF TALLAN
	19660 S Tamiami Trail		L-I PH :
		Address	SS OF THE PROPERTY OF THE PROP
	Fort Myers, FL 33908		PM 2: 07 OF STATE SSEE, FL
		City State and Zip Code	07
	F-mail address: ()	to be used for future annual report no	otification)
For further information c	concerning this matter, please ca	ult:	
Rachel McIntyre		603 841-6021	
Name (of Person	att ()	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration 1 Division of C P.O. Box 632	Section Torporations	Street Address: Registration S Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Estero Harly Learning Center LLC		
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our record imited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{03/14/2018}{}$	and assigned
Florida document number L18000066702		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Open Doors Preschool of Estero LLC		
The new name most be distinguishable and contain the wor is "I imite	d Liability Company," the designation "LTC	" or the abbreviation "LLC"
Enter new principal offices address, if applicable:		2021 J SECK
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		宝岩 上
		PH T
Enter new mailing address, if applicable:		D 2:
Mailing address MAY BE A POST OFFICE BOX)		
Manning waters MAT BEA 1031 0111CL BOX)		<u></u>
	nu i	ent entre
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office and/ess next.		
Name of New Registered Agent:		
New Registered Office Address:		
-	Lister Florida street addre.	5.5
	. FI	lorida
	City	Zip Cenke

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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
			ZRemove
			TChange
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			The Indiana
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	FST 2:
ective date, if other than the date of filing:	(optional)
reffective date is listed, the date must be specific and cannot be prior to date of filling. If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.03 ry filing requirements, this date will not be listed
rument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:03	Lam on the earlier of the The 90th decention if
s filed.	rain, on the earner of, (ii) The roth tay and the
Inov. 28 2021	
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Nock Montate Negnature of phember or authorized representations.	
Signature of Symember or authorized represe	intative of a member