L1800099933

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Chilly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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C. GOLDEN AUG 2 4 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/19/2020	
ENTITY NAME EDUCA	RE CHILDRENS CENTER, LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXX	Plain Copy Certified Copy
	Certificate of Status
*	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION **
COUNTRY OF DESTINAT NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED \$ 25	ACCOUNT # 120160000072 4:
Please call Tina at th	e above number for any issues or concerns. Thank you so much!

COVER LETTER

Division of Corp	
SUBJECT: EDW	CARE CHILDRENS CENTER, LLC Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	VICTORINE CHARLES Name of Person
	Educare Children's Center, LLC Firm/Company
	8365 Silver Birch Way
	Lehigh Acres, FL 33971 City/State and Zip Code VACHARLES@AUL: COM E-mail address: (to be used for future annual report notification)
	VACHARLES (a) AOL COM E-mail address: (to be used for future annual report notification)
For further information cor	cerning this matter, please call:
Victorine Cho Name of F	erson at (917) 6047236 Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	porations Division of Corporations The Centre of Tallahassee



August 20, 2020

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: EDUCARE CHILDREN'S CENTER, LLC

Ref. Number: L18000099933

CORRECTED
Please Allow For
Same File Date

We have received your document for EDUCARE CHILDREN'S CENTER, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 220A00015857

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edu C	Name of the Limited Liability Compar (A Florida Limited I.	nter, LLC	F 18 AT 8:34
-	(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our record lability Company)	(<u>,,</u>)
The Articles of Organization	ion for this Limited Liability Company L 18000099933		
This amendment is subm	itted to amend the following:		
A. If amending name, f	nter the new name of the limited liabi	lity company here:	
Future (Teneration Early mishable and contain the words "Limited Liabili	, Learning Ce	inter, LLC
The new hame must be disting			
Enter new principal off	ces address, if applicable:	8365 Silver	Birch Way
(Principal office address	MUST BE A STREET ADDRESS)	Lehigh Acres	Birch Way FL 33971
Enter new mailing addr	ess, if applicable:		
(Mailing address MAY B	E A POST OFFICE BOX)		
! !			
B. If amending the reginagent and/or the new re	ptered agent and/or registered office a pistered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New R	egistered Agent:	·	****
New Registered	Office Address:		
		Enter Florida street address	s
		Fic	nrida
† •		City	Zip Code
New Registered Agent's S	gnature, if changing Registered Agent:		
I hereby accept the appliprovisions of all statutes	intment as registered agent and agre- relative to the proper and complete p	e to act in this capacity. I fur performance of my duties, an	ther agree to comply with the ad 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

Title	<u>Name</u>	, , ,	Address	Type of Action
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ne .		
an effectiv ote: If t	ve date is liste the date inser	than the date of filing:
record sp is filed.	pecifies a del	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited _ S	3/19/	2020,
		Wharks.
		Signature of a member or authorized representative of a member
		CTORINE CHARLES Typed or printed name of signee

Filing Fee: \$25.00