

L18000131063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

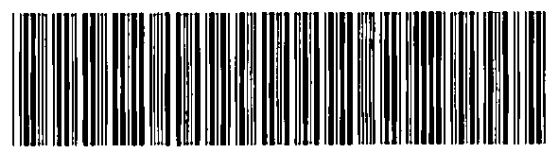
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700369802937

FILED
2021 OCT -4 AM 10:25
SECRETARY OF STATE
FALLS CHURCH, VA

RECEIVED
2021 OCT -4 PM 3:42
SECRETARY OF STATE
FALLS CHURCH, VA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 071608 4369500
AUTHORIZATION : *Sybil Bluman*
COST LIMIT : \$ 25.00

ORDER DATE : October 4, 2021
ORDER TIME : 2:56 PM
ORDER NO. : 071608-035
CUSTOMER NO: 4369500

DOMESTIC AMENDMENT FILING

NAME: BELL EDUCATION CENTER, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bell Education Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 25, 2018 and assigned Florida document number L18000131063.

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2021 OCT -4 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida street address

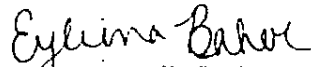
Tallahassee, Florida 32301

City

Zip Code

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.


Assistant Vice President

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Caregiver Services, Inc.	10451 N.W. 117th Ave, Suite 110	<input type="checkbox"/> Add
		Miami, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pediatric Holdings, LLC	15050 NW 79th Court, Suite 201	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Lane	15050 NW 79th Court, Suite 201	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Donna Lodato	15050 NW 79th Court, Suite 201	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Cwiertnia	15050 NW 79th Court, Suite 201	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF FINANCE
 2021 OCT -4 10:25
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2021 OCT -4 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL

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

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated October 4, 2021

Occupied by
Donna Lodato

Signature of a member or authorized representative of a member

Donna Lodato

Typed or printed name of signee