

L18000131063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

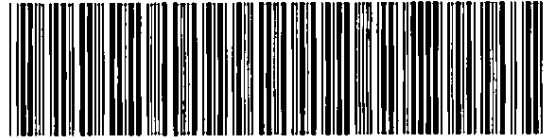
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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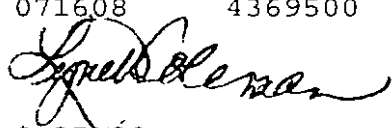
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

RECEIVED

2021 OCT -4 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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

ACCOUNT NO. : I20000000195  
REFERENCE : 071608 4369500  
AUTHORIZATION :   
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: Eyllena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bell Education Center, 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:

Jonathan Lane

\_\_\_\_\_  
Name of Person

Bell Education Center, LLC

\_\_\_\_\_  
Firm/Company

15050 NW 79th Court, Suite 201

\_\_\_\_\_  
Address

Miami Lakes, FL 33016

\_\_\_\_\_  
City/State and Zip Code

Lane@altitudecapllc.com

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

For further information concerning this matter, please call:

Jonathan Lane

212 584-2184  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 "LLC."

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)

**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*

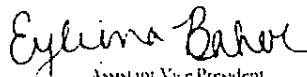
Tallahassee, Florida 32301

*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

2021 OCT -6 AM 10:25  
SECRET//NOFORN  
TALAM-SSC/C/P

SECRET  
2021 OCT -4 AM 10:25  
TALAM-SECRET

(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)

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

Declassified by  
Dante Ladato  
REF ID: A68932

Signature of a member or authorized representative of a member

Donna Lodato

Typed or printed name of signee

**Filing Fee: \$25.00**