L19000150855

(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:



200320111552

10/29/18--01009--021 **25.00

COVER LETTER

TO:		ation Sec n of Corp				,	
SUBJEC	Ear	ly Childh	ood Education Managemet, I	LLC			
SOBJE			Name of Lin	nited Liability Company			
The encl	osed Art	icles of A	mendment and fee(s) are sub	omitted for filing.			
Please re	turn all o	correspon	dence concerning this matter	to the following:			
			Andrew Skurowitz				
			Early Childhood Education	Name of Person in Management, LLC			
			225 SE 16th Ave #4	Firm/Company	(this	is my new a	dress - old one 4301 N 41 st CT Holly-ord, FL 3302
			Ft Lauderdale, FL 33301	Address			Hollyword, Fr 3302
			andrew@elcbroward.com	City/State and Zip Cod	de		
For furth	er inforn	nation con	E-mail address: (to be used for future annuall:	ual report notific	cation)	
Andrew:			- ,		579-0613		
		Name of F	Person	Area Code	Daytime '	Telephone Number	
Enclosed	is a chec	k for the	following amount:				
\$25.0	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is a		Certified (of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li The Articles of Organization for this Limited Liability Company v		
	wara filed on 06/19/2018	
	were med on	and assigned
'longa gocument number		
•	!! 	_
A. If amending name, enter the new name of the limited habit	ury company nere:	Para Con
he new name must be distinguishable and contain the words "Limited Liability		ne appreviation 1.1.6.
Enter new principal offices address, if applicable:	Andrew Skurowitz	111
Principal office address MUST BE A STREET ADDRESS)	225 SE 16th Ave #4	DO
	Ft Lauderdale, FL 33301	
		:- =
inter new mailing address, if applicable:	Andrew Skurowitz	
If amending name, enter the new name of the limited lian new name must be distinguishable and contain the words "Limited Liab ter new principal offices address, if applicable:	225 SE 16th Ave #4	,,
Mauring address MAT DE ATOST OFFICE BOX	Ft Lauderdale, FL 33301	-
		

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.

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>	Address	Type of Action
MGR	Aviva Skurowitz	4301 N 41st Ct Hollywood, FL 33021	Add
			■ Remove
			☐ Change
			Remove
	·		Change 2
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
		·	Remove
			☐ Change

					_
					
					_
					_
					_
					-
				<u> </u>	-
		<u> </u>		- 22	_
					7
				007 2	
				- 	_
				· · ·	7
	<u> </u>			= 2	_
			ಸ್	E .	
					_
	<u> </u>				_
					_
	-				-
ctive date, if other than the d	ate of filing:		(option:	al)	
effective date is listed, the date must be: If the date inserted in this block	e specific and cannot be prio	r to date of filing or more	e than 90 days after fili	ing) Pursuant to 60)5.020
iment's effective date on the Department	artment of State's records	·	oquionono, mis u	ac will not be its	icu a
ecord specifies a delayed en ne 90th day after the recon	effective date, but no d is filed.	ot an effective tir	ne, at 12:01 a.n	non the earl	ier (
October 25	2018				
1.	~~~	<u> </u>			
lehel	er Stud	/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00