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## **COVER LETTER**

Divi	ision of Cor	porations			
SUBJECT:	Educated	Kings&Queens LLC			
SOBJECT.		Name of Lin	nited Liability Company	<del></del>	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Carlesha Bradley			
			Name of Person		
			Firm/Company		
		17600 NW 5TH AVENUE APT 1107			
	Address			<del></del>	
		Miami Florida 33169			
		City/State and Zip Code			
		educatedkingsqueens@gmail.com			
		E-mail address: (	to be used for future annual report notifi	cation)	
For further in	iformation co	oncerning this matter, please co	alt:		
Carlesha Br	adley		786 843-1297		
Name of Person		Person		Telephone Number	
Enclosed is a	check for th	e following amount:			
\$25.00 Fi	iling 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 tadditional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

Educated Kings&Queens LLC

as it now appears on our records,)
ibility Company)
rere filed on JULY 10, 2018 and assigned
ty company here:
Company," the designation "LLC" or the abbreviation "L.L.C."
- And the second
SE SE
CRETARY OF STATE OF CORPORATIONS  JUL 17 PM 2: 11
ce address on our records, enter the name of the new
Enter Florida street address
, Florida
City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of an 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 Title Address Name **Type of Action** Carlesha Bradiey 17600 NW 5TH AVENUE Apt 11 ■ Add MIAMI, Florida 33169 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_\_□ ∧dd ☐ Remove \_□ Change ☐ Add ☐ Remove ☐ Change \_□ Add ☐ Change ☐ Remove

☐ Change

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	<del></del>
	<del></del>
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 fili- te: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.02
cument's effective date on the Department of State's records.	ry ming requirements, this date will not be listed
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
the year, etc. the record is mee.	
ted July 13 2018	
PIR	

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Filing Fee: \$25.00