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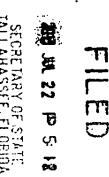
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## **COVER LETTER**

ГО:	Registration Se Division of Cor			·				
		ream Educational Center, ELC						
Name of Limited Liability Company								
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
lease r	eturn all correspo	ndence concerning this matter	to the following:					
		Alyson Rodriguez						
		4 Child's Danner Education	Name of Person					
		A Child's Dream Education	nai Center, LLC					
		10148 Cubblestone Creek	Firm/Company Drive	<del></del>				
		Boynton Beach, FL 33472	Address					
		jorodri228@yahoo.com	City/State and Zip Code					
		E-mail address: (	to be used for future annual report notif	ication)				
For furt	her information co	oncerning this matter, please ca	all:					
Jose Ro	odriguez		561 596-3955 at ()					
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclose	ed is a check for th	ne following amount:						
<b>3</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

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

CH ED

A Child's Dream Educational Cen	_	•	FILLU
(Name of the Lim	ited Liability Comp	any as it now appears of Liability Company)	n our records.)
			283 JUL 22 P 5: 12
ne Articles of Organization for this Limited	Liability Company	y were filed on March	SEURITARY OF STANDA assigned
orida document number	·		TALLAHASSEE, FLORIDA
is amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited lial	bility company here	:
e new name must be distinguishable and contain the	words "Limited Liab	oility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			-
			-
nter new mailing address, if applicable:		10148 Cobblestone	Creek Drive
•	: POV	Boynton Beach, FI.	. 33472
Mailing address MAY BE A POST OFFICE BOX)			
	.,		
If amending the registered agent and gistered agent and/or the new registered	-		ur records, enter the name of the
gistered agent and/or the new registered	onice address ne	<u> </u>	
Name of New Registered Agent:	Samantha Sloa	une	
Name Danistana J. Office A. I.Janese			
New Registered Office Address:	-	Enter Florida	street address
		A11.	Florida
		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.

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>	Type of Action
MGR	Samantha Sloane	10148 Cobblestone Creek Drive	
WIGK			
		Boynton Beach, FL 33472	
			Remove
			Change
AMBR	Alyson Rodriguez	10148 Cobblestone Creek Drive	
ANDR			
		Boynton Beach, FL 33472	
			Remove
			■ Change
AMBR	Jose Rodriguez	10148 Cobblestone Creek Drive	
		Boynton Beach, FL 33472	
			Remove
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becument's effective date on the I	ist be specific and cannot be polock does not meet the ap	plicable statutory filing req	(optional) an 90 days after filing.) Pursuant to uirements, this date will not be	605,0207 listed as
e record specifies a delaye The 90th day after the re		not an effective time	at 12:01 a.m. on the ea	arlier o
ated	2019			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00