Division of Corporations

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(((H24000087306 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : I20000000087 Phone : (561)394-7910 Fax Number : (561)393-6541

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLERMONT PRESCHOOL, LLC

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Help

MAR 0 6 2024 T. LEMIEUX

(((H240000873063))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLERMONT	PRESCHOOL LLC				
(Name of the Limite	od Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)		_	
The Articles of Organization for this Limited Lia Florida document number $=\frac{4.21000170081}{2.00017000170000000000000000000000000000$	ability Company were filed on _	04/20/2021	ar	nd assig	med
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company l	nere:			
The new name must be distinguishable and contain the we	ords "Lamited Liability Company," the	designation "LLC" or the	e abbreviati	on "L.L	C."
Enter new principal offices address, if applica	able:	 			
(Principal office address MUST BE A STREE)	T ADDRESS)				 .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BON)		SIIC :	2024 1	
B. If amending the registered agent and/or ro	suistered office address on our	records enter the n	anie allth	25 A	T] redistere
agent and/or the new registered office addres		etter us, <u>emer ene n</u>	7 OF :	5 AH 10: 02	m
Name of New Registered Agent:		··	_ } Z -	<u> </u>	
New Registered Office Address:	8401 LAKE WORTH ROAD), SUITE 126	TE	02	
	Enter Fl	orida street address			
	LAKE WORTH	, Florida	33467		
	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

(((H240000 87306 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
			☐ Add
		N/A	[]Remove
		<i>~ / / \</i>	□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			∃Change
			□ Remove
			⊔Change

□Remove

□ Change

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

(((H240000 87306 3)))

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	Segurature of a member or au	horized representative of	a member	
) reculo ro		
	JEFFREY 4	AL I SCHULEK		
	JEFFREY A	ned name of signee		

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