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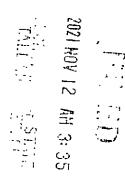
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration So Division of Co	ection rporations	4	*		
erib ira	Educronix	LLC				
SUBJEC	. I :					
The enclo	osed Articles of	Amendment and feets) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Filing Angela				
			Name of Person			
		ZenBusiness, Inc.				
	Firm/Company					
		Name of Person ZenBusiness, Inc.				
		Address				
		Austin, TX 78731				
			to be used for future annual report notif	ication)		
For furthe	er information c	oncerning this matter, please c				
Filing Ar			844 493-6249 at ()			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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:

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 (7) **OF**

2021 NOV 12 AH 3: 36

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1y were filed on <u>(19/21/202</u>	1 and assigned	
bility company here:		
ilin Community		
33326		
1331 St Tropez Cir, Un	it 601	
Weston, FL		
33326		
office address on our r re:	ecords, enter the name of the	
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···		
	(address	
Enter Florida stree	<i>address</i> . Flor ida	
	bility company here: bility Company," the designation 1331 St Tropez Cir. Un Weston, FL 33326 1331 St Tropez Cir. Un Weston, FL 33326 office address on our r	

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	Ernesto Casas	1331 St Tropez Cir, Unit 601 Weston, FL 33326	= Add
			Remove
AMBR	Ernesto Casas		Change
			Remove
		1331 St Tropez Cir, Unit 601 Weston, FL 33326	🗏 Change
AMBR	Damira Gonzalez de Casas		Add
		5800 Lakeside Drive, Unit 1418 Margate, FL 33063	Remove
			Change
			Add
			Remove
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ective date, if other than to effective date is listed, the date in this eument's effective date on the	block does not m	eet the applica	o date of tiling or m ble statutory filin	ore than 90 days afte g requirements, thi	r filing.) Pursuant to 605 s date will not be list	5.02 ed a
record specifies a delay he 90th day after the re	ed effective decord is filed.	ate, but not	an effective t	ime, at 12:01	a.m. on the earli	er (
ed November 10		2021				
/51/	Expata (ana.		of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00