L2300003849/

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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	EDUCATIONAL INTERACTIONS LLC			
sobject.		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		PAULA M SCHARUDA		
			Name of Person	
			Firm/Company	<u> </u>
		13243 SANCTUARY COV	VE DR UNIT 201	
			Address	
		TEMPLE TERRACE, FL.		
		paula@educationalinteract	City/State and Zip Code	
		•	to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please ca	all:	
PAULA SC	HARUDA		678 9530668	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is:	a check for th	ne following amount:		
\$25.00	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection
	vision of C D. Box 632	orporations	Division of Co The Centre of	_ -
	J. Dox 052 Hahassee J			se Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document number 1.23000038491	Liability Company	were filed on 01/20	0/2023 and assigne	d
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	13243 SANCTU	ARY COVE DR UNIT 201		
(Principal office address MUST BE A STREE		TEMPLE TERRA	CE, FL. 33637	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	address on our rec	SECRE DARY OF STREET OF ST	, T
Name of New Registered Agent:	PAULA SCHA	RUDA		
New Registered Office Address:	13243 SANCT	UARY COVE DR U	NIT 201	
		Enter Florid	a street address	
	TEMPLE TER	RACE	Florida 33637	
		City	Zin Code	

New Registered Agent's Signature, if changing Registered Agent:

EDUCATIONAL INTERACTIONS LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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.

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NANCY M MITCHELL	10423 OAKBROOK DR	□Add
		TAMPA, FL. 33618	■Remove
			□ C'hange
		 	
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
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			□Remove
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Effective date, if other than the date of filing:	(optional)	suant to 605 0207 (
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will	not be listed as the
the record specifies a delayed effective date, but not an effective time, at 1 cord is filed.	2:01 a.m. on the earlier of: (b) The 90	th day after the
May 4 2023 Dated		
Faula Scha		
Signature of a member or authorized rep	presentative of a member	

Typed or printed name of signee