## 123000330147

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Sasmoss Ellin) Halley					
(Document Number)					
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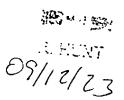


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09/12/23--01002--015 \*\*5.00

09/12/23--01002--014 \*\*25.00

2023 SEP 12 PH 12: 40



## **COVER LETTER**

Division of Corporations
SUBJECT: Education/Retreat Center Detack
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dara Wallskein Name of Person
Retreat Center Detach
1880 N Congress A Jenue
Boynton Beach, FL, 3342
<u>detachcenter</u> og mail. Com E-mail address: (to be used for future annuakreport notification)
For further information concerning this matter, please call:
Davine of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$\subseteq \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\subseteq \text{S60.00 Filing Fee. Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy (additional copy is enclosed)}  \$\text{Cer
MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Education The Articles of Organization for this Limited Liability Company were filed on July 12, 2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Center, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: None Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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 or remove	ng Authorized Person(s) authorized to d from our records:	manage, enter the title, name, and addre	ess of each person being added
MGR = 3	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	NORL		□ Add
			Remove
			Change
			□ Remove
			DIVISION C
			Remove Remove 12:
			□ Add
			Remove
			Change
			□ Remove
			□ Charge
			Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	2023 SEP 1
	## K
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	P# 12:
	2:40
fective date, if other than the date of filing: 09/12/2023 (optional) in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purst the date inserted in this block does not meet the applicable statutory filing requirements, this date will requirement's effective date on the Department of State's records.	uant to 695.0207 (not be listed as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the first specifies and the record is filed.	ne earlier of:
ed 09/12/2023	
Signature of a member or authorized representative of a member	
150/19 in the member	
Typed or printed name of signee	l

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Filing Fee: \$25.00