## L23000424476

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Couranna Change

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## **COVER LETTER**

	of Corporations	•		
EDU SUBJECT:	J - SUPPORT LLC			
30BJF.C 1.		Name of Limited Liab	pility Company	<del></del>
Dear Sir or Madai	n:			
The enclosed State	ement of Correction and fee(s)	are submitted for filin	g.	
Please return all co	orrespondence concerning this	matter to the followin	g:	
DEANNA MARA	AGH			
	Name of Person		_	
EDU SUPPORT I	LLC			
	Firm/Company		_	
15096 SW 22 STI	REET			
	Address		_	
PEMBROKE PIN	IES, FL 33027			
	City/State and Zip Code		_	. ~2
dmemaragh@gma	ail.com			7023 NOV
E-mail addre	ess: (to be used for future annua	l report notification)	_	
				7-6 PH 3-1
For further inform	nation concerning this matter, pl	lease call:		PH 2
DEANNA MARA	AGH	786	368-5830	2.0
	Name of Person	at ( at Code	Daytime Telephone Number	
Division P.O. Bo	ation Section n of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810
Enclosed is a chec	ck for the following amount:			
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	<ul> <li>\$60 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>	

CR2E062 (9/15)



October 17, 2023

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DEANNA MARAGH EDU SUPPORT LLC 15096 SW 22 STREET PEMBROKE PINES, FL 33027

SUBJECT: EDU - SUPPORT LLC Ref. Number: L23000424476

We have received your document for EDU - SUPPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We need an actual signature where the checkmarks are.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

.... 33 2771

Letter Number: 723A00024102

## STATEMENT OF CORRECTION FOR -FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	: The name of the limited liability company is:
SECON THIRD	Document to be corrected is: ARTICLES 1, 11, 1V, V & V1
Ø	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT  Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  ARTICLE 1: CORRECT NAME IS EDU SUPPORT LLC  ARTICLE 11 & IV: CORRECT ADDRESS IS 15096 SW 22ND STREET. MIRAMAR, FL 33027
Ø	ARTICLE IV. V & IV: CORRECT NAME OF AGENT AND AUTHORIZED PERSON IS DEANNA MARAGH  OR  Was defectively signed. The manner in which the document was defectively signed and the appropriate correction ar as follows:
<b>⊘</b>	The electronic transmission of the record was defective.    Description   10   31   2023     Signature of Authorized Representative   Date
New Re I hereby provisio obligati	registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must signing the designation).  registered Agent's Signature, if changing Registered Agent: we accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing thange.  Registered Agent's Signature  Filing Fee:  S25.00  S30.00 (optional)