

L24 000 127 539

10/1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

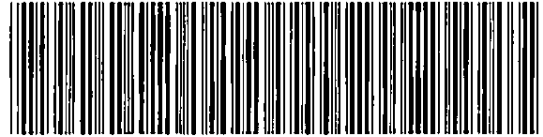
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/15/24--01023--003 \*\*25.00

2024 JUL 15 PM 5:11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISAEDU FLORIDA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Riano-Lopez

\_\_\_\_\_  
Name of Person

Riano & Associates, LLC

\_\_\_\_\_  
Firm/Company

9720 Stirling Road, Ste. 204C

\_\_\_\_\_  
Address

Cooper City, FL 33024

\_\_\_\_\_  
City/State and Zip Code

kathy@rianolaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Riano-Lopez

754 400-9896  
\_\_\_\_\_  
at ( ) Daytime Telephone Number  
Name of Person Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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>	<u>Type of Action</u>
MGR	Kathy Riano-Lopez	9720 Stirling Road, Ste. 204C	<input type="checkbox"/> Add
		Cooper City, FL 33024	<input checked="" type="checkbox"/> Remove
		9720 Stirling Rd, Ste 204C	<input type="checkbox"/> Change
MGR	Juan David Restrepo	Cooper City, FL 33024	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

**Filing Fee: \$25.00**