

Division of Corporations

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L11000078062

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLOOMINGDALE CHILDREN'S HOUSE, LLC

Table with 2 columns: Item Name and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$55.00).

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TALLAHASSEE, FLORIDA

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Help J. BRYAN

SEP 19 2011

EXAMINER

FAX COVER SHEET

TO \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 FAX NUMBER 18506176383  
 FROM Ani Muradian  
 DATE 9/15/2011 3:22:45 PM PDT  
 RE Bloomingdale Children's House, LLC 501278094

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 SEP 16 AM 8:20  
 SECRETARY OF STATE  
 PALM BEACH, FLORIDA

COVER MESSAGE

Ani Muradian | Business Special Filing Specialist  
 323.962.8600 x 7950 | Fax 323.962.8300 | amuradian@legalzoom.com  
 www.legalzoom.com<<http://www.legalzoom.com/>> | 101 N. Brand Blvd., 10th Floor  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLOOMINGDALE CHILDREN'S HOUSE, LLC**  
(Name of Limited Liability Company)

**FILED**  
**SEP 16 AM 8:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

Please return all correspondence concerning this matter to the following:

Barbara Dang  
(Name of Person)

Legalzoom.com, Inc.  
(Firm/Company)

100 W. Broadway Suite 100  
(Address)

Glendale, CA 91210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at ( 323 ) 962-8600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

**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

FILED  
11 SEP 16 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BLOOMINGDALE CHILDREN'S HOUSE, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/07/2011 and assigned Florida document number L11000078062.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Terjiana Waggoner-Montalvo	316 EAST BLOOMINGDALE AVENUE BRANDON FL 33511 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Terjiana Waggoner-Montalvo	3920 South Kings Avenue Brandon, FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


Article II - The mailing address of the Limited Liability Company shall be:

3920 South Kings Avenue, Brandon, FL 33511

The mailing address of the Limited Liability Company is:

3920 South Kings Avenue, Brandon, FL 33511

Dated July 20, 2011

  
Signature of a member or authorized representative of a member

Terjiana Waggoner-Montalvo  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 SEP 16 AM 8:20

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