

L12000107328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

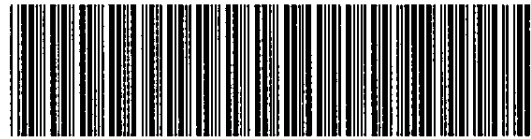
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/27/12--01024--020 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 16 AM 10:50

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2012

JENNIFER VELAZCO
CHILDRENSVILLE LEARNING CENTER LLC
1471 NW 17 ST #403
MIAMI, FL 33125

SUBJECT: CHILDRENSVILLE LEARNING CENTER LLC
Ref. Number: L12000107328

We have received your document for CHILDRENSVILLE LEARNING CENTER 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 are enclosing the proper form(s) with instructions for your convenience.

The forms you submitted are used to file an amendment for a not for profit corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner
Senior Section Administrator

Letter Number: 312A00024247

COVER LETTER

**TO: Registration Section
Division of Corporations**

Childrensville Learning Center LLC

SUBJECT: _____
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:

Jennifer Velazco

Name of Person

Childrensville Learning Center LLC

Firm/Company

1471 NW 17 ST # 403

Address

Miami FL 33125

City/State and Zip Code

childrensvillelearningcenter@gmail.com

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

For further information concerning this matter, please call:

Jennifer Velazco

Name of Person

at (**786**)

374-9084

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Childrens ville Learning Center LLC

FILED

12 OCT 16 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 8/21/2012 and assigned
Florida document number L12000107328.

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."

Enter new principal offices address, if applicable:

1471 NW 17 ST # 403

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33125

Enter new mailing address, if applicable:

1471 NW 17 ST # 403

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33125

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	Judelky Velazco	3318 NW 35 ST Miami FL 33142	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jennifer Velazco	1471 NW 17 ST # 403 Miami FL 33125	<input checked="" type="checkbox"/> Add <input checked="" 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.)*

Dated October 08, 2012

Jennifer Velazco
Signature of a member or authorized representative of a member

Jennifer Velazco
Typed or printed name of signee