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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 5 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

DAVID F. MERINO CASTILLO

HAPPY ANGELS FAMILY CHILD CARE HOME, LLC

Firm/Company

2882 SOUTHERN PINES LOPP

CLERMONT, FLORIDA 34711

City/State and Zip Code

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

For further information concerning this matter, please call:

JOHANN PURUNCAJAS

407 259-2626

Enclosed is a check for the following amount:

Certificate of Status

Certified Copy
(additional copy is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HAPPY ANGELS FAMILY CHILD CARE HOME 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 7/11/14 and assigned
Florida document number L14000109824.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 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

B. If amending any other information enter changes here. (Attach additional sheets if necessary.)

ARTICLES OF ORGANIZATION

ARTICLE V: THE NAME AND ADDRESS OF PERSON(S) AUTHORIZED TO MANAGE L.L.C.

TITLE: MGR DAVID F. MERINO CASTILLO

ADDRESS: 2882 SOUTHERN PINES LOOP

CLERMONT FL 34711

clermont - FL 34711

04/30/2015

After 30 days, Department of State, Office of the Secretary of State, will record the document. This date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 27, 2015



DAVID F. MERINO CASTILLO

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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