L05000	205846
(Requestor's Name) (Address) (Address)	600253552196
(City/State/Zip/Phone #)	11/12/1301012003 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 13 NOV 22 PHI2 SECREIARY OF ST TALLAHASSEE, FLO
	PH 12: 08 GF STATE FLORIDA
Office Use Only	

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COVER LETTER	2
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Registration Section Division of Corporations

TO:

SUBJECT: Watermelon Pre-Schools, 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:

Ghada Skaff

Name of Person

Lieser & Skaff

Firm/Company

511 W. Bay Street, Suite 350

Address

Tampa, FL 33606

City/State and Zip Code

ghada@lieserskaff.com

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

For further information concerning this matter, please call:

Ghada Skaff

Name of Person

at (813) 280-1256

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) □S60.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2013

GHADA SKAFF LIESER & SKAFF 511 W BAY STREET STE 350 TAMPA, FL 33606

SUBJECT: WATERMELON PRE-SCHOOLS, LLC Ref. Number: L05000058461

We have received your document for WATERMELON PRE-SCHOOLS, 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):

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 013A00026361

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

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ARTICLES OF A	MENDMENT	FILED 13 NOV 22 PM 12:08 SECRETARY OF C
ТО		FILE
ARTICLES OF OF	GANIZATION	12 12
OF		10 NON 22 DI
	r	SECRETE PH 12: 00
Watermelon Pre-Schools, LLC	1,	SECRETARY OF STATE ALLAHASSEE. FLORIDA
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our	records.)
(A Florida Limited Lia	onity Company)	SHUA
The Articles of Organization for this Limited Liability Company w	vere filed on 06/14/200	05 and assigned
Florida document number <u>L05000058461</u>		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and end with the words "Limite"L.L.C."	d Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:		
	······································	
(Mailing address MAY BE A POST OFFICE BOX)		
		.
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our recor	ds, enter the name (1 the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a 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 liabil ty company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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:

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MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Bhojani, Praphulchandra	2453 Addington Place	Add
		Wesley Chapel, FL 33543	Remove
		<u> </u>	-
		·	Add
			Remove
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Are - a .

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

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Dated N	November 5 2013		
Dateu		•	
	(
	- Thus and -		
		orized representative of a member	
	Ghada Skaff		
	Typed or print	ed name of signee	
	Pag	e 3 of 3	

Filing Fee: \$25.00

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