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COVER LETTER

Div	gistration Sec vision of Corp			
ź curunom		First Preschool and Child Car	re Center, LLC	
SUBJECT:		Name of Limi	ited Liability Company	······································
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Colleen Nicolini		
			Name of Person	
		Love Comes First Preschoo	ol	
			Firm/Company	·····
		8630 E SR70		
			Address	.
		Bradenton, FL 34202		
			City/State and Zip Code	
		children@lovecomesfirst.ne	to be used for future annual report notifi	(oution)
For further is	nformation co	oncerning this matter, please ca		catton,
Colleen Nic	olini		941 755-7800 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,00 I	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

Love Comes First Preschool & Child Care Center, 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 04/10/2006	and assigned
Florida document number L06000036999		
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 Co	ompany," the designation "LLC" or the abbre	eviation "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 registered agent and/or the new registered office address here:	address on our records, enter th	ne name of the new
Name of New Registered Agent:	··	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfaceept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionable company has been notified in writing of this change.	ormance of my duties, and I am far ided for in Chapter 605, F.S. Or, if	niliar with and this document is

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>	Address	Type of Action
MGR	Antonio Nicolini	6227 Wingspan Way	= Add
		Bradenton, FL 34203	□ Remove
			☐ Change
			Change
•			Add
			Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
	 		
			Remove
		<u> </u>	Remove

	Туре	ed or printed name of s	ignee	7.888	
Colleen Nicolini, Mana	ger				
will n	Signature of a memb	er or authorized repre	sentative of a member	· .	N-31
Collen h		araqu			
February 5		17			
90th day after the rec					
cord specifies a delaye	d effective date.	but not an effe	ctive time, at 1	2:01 a.m. (on the earl
If the date inserted in this blent's effective date on the D			ory ming requireme	nts, this date	will not be lis
ive date, if other than the fective date is listed, the date mu	date of filing: st be specific and cannot	ot be prior to date of fi	ing or more than 90 d	(optional) ays after filing)	Pursuant to 60
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