

LV6 000108 403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

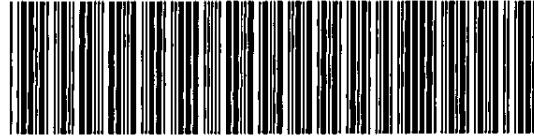
Special Instructions to Filing Officer:

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B. KOHR

OCT 13 2011

EXAMINER



100213092981

RECEIVED

11 OCT 12 PM 4:51

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 12 AM 10:01



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 943632 8649A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 12 AM 10:01

ORDER DATE : October 12, 2011

ORDER TIME : 3:46 PM

ORDER NO. : 943632-005

CUSTOMER NO: 8649A

DOMESTIC AMENDMENT FILING

NAME: PARK AVENUE CHILD CARE &
LEARNING CENTER OF SANFORD,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: _____

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

PARK AVENUE CHILD CARE & LEARNING CENTER OF SANFORD, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED STATE
SECRETARY OF CORPORATIONS
11 OCT 12 AM 10:01

The Articles of Organization for this Limited Liability Company were filed on 11/08/2006 and assigned
Florida document number L06000108403.

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:

(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: TARSHA DAVIS

New Registered Office Address: 411 KINGS EAGLE LANE
Enter Florida street address

APOPKA, Florida 32712
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.

Tarsha Davis
If Changing Registered Agent, Signature of New Registered Agent

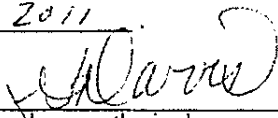
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--|--|
| MGMR | TIMOTHY DAVIS | 411 KINGS EAGLE LANE APOPKA, FL 32712 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGMR | TARSHA DAVIS | 411 KINGS EAGLE LANE APOPKA, FL 32712 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 12, 2011



Signature of a member or authorized representative of a member

Tarsha Davis

Typed or printed name of signee