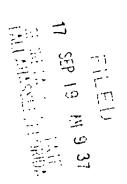
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ereen's Little Le	ecuners Preschool LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Sherifa	McKenzie Name of Person
Ereen's (	ittle Learners Preschool CCC
595 Ave	LS.E Address
Winter	LS.E  Address  Address  City/State and Zip Code
E-mail add	tress: (to be used for future arrival report notification)
For further information concerning this matter, pla	lase call:
Sherfa mckenzie Name of Person	at (863) 852-6304  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Sta	## □ \$55.00 Filing Fee & □ \$60.00 Filing Fe
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freen's Little Leavers Preschool LC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Liability Compar	ny)	
	ability Company were filed on	2008	and assigned
Florida document number	<u>55130</u>		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company	y here:	
Ereens Little Lea	corstic		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," t	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	<del>- 11 - 14 (a - 1 - a - a - a - a - a - a - a - a - </del>		
(Mailing address MAY BE A POST OFFICE )	<u></u>		
B. If amending the registered agent and/registered agent and/or the new registered of		on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			三二二
	Enter	Florida street address	la Zip Code
	City	, Florid	la Zin Code
New Registered Agent's Signature, if changing R	•		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the proper company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has bearth which we will be a company has been notified in writing the	d agent and agree to act in the er and complete performance etered agent as provided for t egistered office address, I he	of my duties, and I in Chapter 605, F.S	am familiar with and Or, if this document is
	If Changing Registered	d Agent, <u>Signature of N</u> o	ew Registered Agent

If amendii <u>or remove</u>	ng Authorized Person(s) authori d from our records:	zed to manage	, enter the title, name, an	d address of each person being added
MGR =   AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	<u>A</u>	ddress	Type of Action
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				□ Change
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<b>fective date, if</b> and affective date is l	other than the date isted, the date must be sp	of filing:ecitic and cannot be prior t	o date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
ote: If the date in cument's effective	nserted in this block do ve date on the Departn	es not meet the application of State's records.	ble statutory filing require	ments, this date will not be listed : مــــــــــــــــــــــــــــــــــــ
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record specif	ies a delayed effe	ctive date, but not	an effective time, at	: 12:01 a.m. on the earlier
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Filing Fee: \$25.00