

LO8000108459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

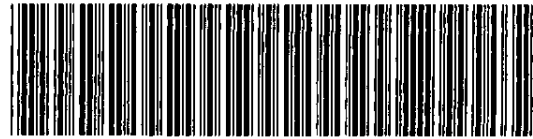
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800201414228

FILED  
2011 APR 14 AM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/14/11--01025--016 \*\*30.00

T. CLINE

APR 14 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Precious Moments Academy, 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:

Christine Stevenson

Name of Person

Firm/Company

825 S. Spring Garden Ave

Address

DeLand, Florida 32720

City/State and Zip Code

cfladeland@aol.com

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

2011 APR 14 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Carolyn Stoll

Name of Person

at ( 386 )

216-4027

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)      ☐ \$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**

**Precious Moments Academy, 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 11/24/2008 and assigned  
Florida document number L08000108659.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Children First Learning Academy, LLC

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)

FILED  
2011 APR 14 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Christine Stevenson

New Registered Office Address: 2530 Barren Oak Court

*Enter Florida street address*

DeLand, Florida 32720  
*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.*

Christine Stevenson  
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>           |
|--------------|--------------------------|---------------------|---------------------------------|
| MGR          | CHRISTINE STEVENSON      | 2530 BARKEN OAK CT. | <input type="checkbox"/> Add    |
|              |                          | DELAND, FL 32720    | <input type="checkbox"/> Remove |
|              | Revised from MGRM to MGR |                     | <input type="checkbox"/> Add    |
|              |                          |                     | <input type="checkbox"/> Remove |
|              |                          |                     | <input type="checkbox"/> Add    |
|              |                          |                     | <input type="checkbox"/> Remove |
|              |                          |                     | <input type="checkbox"/> Add    |
|              |                          |                     | <input type="checkbox"/> Remove |
|              |                          |                     | <input type="checkbox"/> Add    |
|              |                          |                     | <input type="checkbox"/> Remove |
|              |                          |                     | <input type="checkbox"/> Add    |
|              |                          |                     | <input type="checkbox"/> Remove |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 14 AM 11:35

FILED

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

---



---



---



---



---

Dated \_\_\_\_\_, \_\_\_\_\_.

Christine Stevenson  
Signature of a member or authorized representative of a member

CHRISTINE STEVENSON  
Typed or printed name of signee