

LO9 000121681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

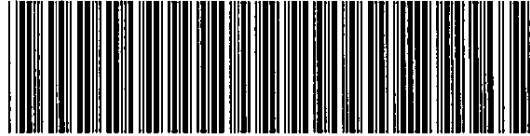
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400288311924

09/07/16--01027--005 **60.00

FILED

2016 SEP -6 P 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 PM 12:51
TALLAHASSEE, FLORIDA

S Warren

SEP 08 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KREATIVE KIDS ROOMS, 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:

CAROLYN HMARA

Name of Person

KREATIVE KIDS ROOMS, LLC

Firm/Company

2220 RIDGEWOOD CIRCLE

Address

ROYAL PALM BEACH, FL 33411

City/State and Zip Code

JHMARA@COMCAST.NET

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

For further information concerning this matter, please call:

CAROLYN HMARA

561 2042530
at ()

Name of Person

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

2016-07-15 P 2:48
NEW REGISTERED AGENT
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2018-10-16 P 2:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 31 2016

Saxolyn Sharma

Signature of a member or authorized representative of a member

CAROLYN HMARA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 FEB -6 P 2:48
CLERK OF STATE
TALLAHASSEE, FLORIDA