

L100000011469

(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



100278102321

10/16/15--01008--007 **25.00

FILED
15 OCT 16 PM 2:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2015

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

Kathy's Child Care, LLC

SUBJECT: _____
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:

Kathy L. Adair

Name of Person

Firm/Company

1513 Pine St.

Address

Niceville, FL 32578

City/State and Zip Code

mkadair83@cox.net

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

For further information concerning this matter, please call:

Kathy L. Adair

850

897-4880

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

**TO
ARTICLES OF ORGANIZATION
OF**

Kathy's Child Care, 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 01/29/2010 and assigned
Florida document number L10000011469.

This amendment is submitted to amend the following:

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

Generation Real Estate Investments, LLC

The new name must be distinguishable and contain 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:

New Registered Office Address:

Enter Florida street address

, Florida

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roy M. Adair	1513 Pine St.	<input checked="" type="checkbox"/> Add
		Niceville, FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kathy L. Adair	1513 Pine St.	<input checked="" type="checkbox"/> Add
		Niceville, FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ryan M. Adair	211 Raptor Dr.	<input checked="" type="checkbox"/> Add
		Crestview, FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 1 16 PM 2:54
Change
Add
Remove
Change

Lined area for document content.

FILED
15 OCT 16 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 14, 2015

Kathy L. Adair
Signature of a member or authorized representative of a member

Kathy L. Adair

Typed or printed name of signee