## L10000051282

(Re	equestor's Name)
(Ad	ddress)
(Ád	ddress)
(Cit	ty/State/Zip/Phone #)
PiCK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT
	JUN <b>10</b> 2010
	EXAMINER

Office Use Only

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Ear		my of Escambia County ted Liability Company	, LLC	
	Amendment and fee(s) are sub	-		
	<u> </u>	Shannon Boone Name of Person		
Early Learning Academy of Escambia County, LLC Firm/Company				
5215 Saufley Field Road Address				
Pensacola, FL 32526  City/State and Zip Code				
	JGre E-mail address: (i	een4004@bellsouth.net to be used for future annual report notific	ation)	
For further information co	oncerning this matter, please o	call:		
Sha Name of	nnon Boone Person	at (_850 ) 3  Area Code & Daytime	46-7009 Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registra	NG ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Early Learning Academy of Escambia County, 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 L Florida document numberL1000005	· · · ·	May 12, 2010	and assigned	d		
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liability company he	ere:				
The new name must be distinguishable and end wi "L.L.C."	,	pany," the designation '	'LLC" or the abbrev	<u>viati</u> or		
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )		AMII: 84			
B. If amending the registered agent and registered agent and/or the new registered o	ffice address here:	our records, <u>enter</u>	the name of the	e nev		
Name of New Registered Agent:	Shannon Boone		<del></del>			
New Registered Office Address:	5215 Saufley Field Road	Inter Florida street ad	dress			
	Pensacola	, Florida	32526			
	City		Zip Code			
Name The State and Associate City and a side for the	D 14 14 4					

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Linda McConathy	6113 Mike's Lane Lot C Pensacola, FL 32526	Add Remove
<u>MGRM</u>	Shannon Boone	7841 Saltillo Dr Pensacola, FL 32526	☐ Add Remove
<del></del>			Add Remove 
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
Dated	Line	or authorized representative of a member	
	Typed or	r printed name of signee	

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Filing Fee: \$25.00