

L10000053007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

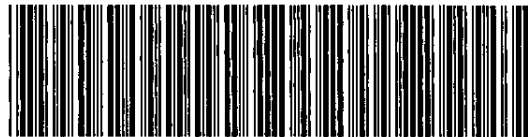
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 31 2013

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Kaleidoscope Kids Learning Center, 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:

Mary Davis

Name of Person

Kaleidoscope Kids Learning Center, LLC

Firm/Company

110 West Reynolds St., STE 104

Address

Plant City, FL 33563

City/State and Zip Code

maryd.kklc@gmail.com

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

For further information concerning this matter, please call:

Mary Davis

Name of Person

at **813 704-6908**

Area Code & Daytime Telephone Number

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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**

Kaleidoscope Kids Learning Center, 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 05/17/2010 and assigned
Florida document number L10000053007.

This amendment is submitted to amend the following:

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

Kaleidoscope Educational Services, 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)

110 West Reynolds Street

Suite 104

Plant City, Florida 33563

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 West Reynolds Street

Suite 104

Plant City, Florida 33563

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SECRETARY OF STATE

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:

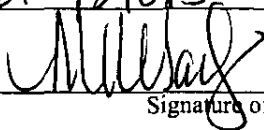
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 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

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

Dated

1/21/2013



Signature of a member or authorized representative of a member

Mary R. Davis

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA