

L10000065184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 JUL 13 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oatman JUL 14 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rising STAR Childcare 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:

Reginald D. FORBES
Name of Person

Firm/Company

648 ENCINO WAY
Address

Altamonte Springs, FL 32714
City/State and Zip Code

diggso@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reginald FORBES at (407) 461-5126
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
10 JUL 13 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rising Star Childcare, 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 June 17, 2010 and assigned Florida document number L10000065184.

This amendment is submitted to amend the following:

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

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)

648 ENCINO WAY
Altamonte Springs, FL 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

648 ENCINO WAY
Altamonte Springs, FL 32714

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:

Reginald D. Forbes

New Registered Office Address:

648 ENCINO WAY

Enter Florida street address

Altamonte Springs Florida 32714-1428
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.

Reginald D. Forbes

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	Reginald D. FORBES	1648 ENCINO WAY Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kimberly Burgess-English	24130 Weldon Drive Eustis, FL 32736	<input type="checkbox"/> Add <input checked="" 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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

Reginald D. Forbes

Signature of a member or authorized representative of a member

Reginald D. FORBES

Typed or printed name of signee