

L 100000098338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

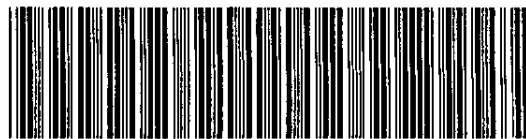
(Business Entity Name)

(Document Number)

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FILED
12 AUG -9 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 13 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2012

FOXX TOT'S CHILDCARE AND EARLY LEARNING CENTER LLC
AGNES FOXX
4721 NW 181 TERR
MIAMI, FL 33055

SUBJECT: FOXX TOT'S CHILDCARE AND EARLY LEARNING CENTER LLC
Ref. Number: L10000098338

We have received your document for FOXX TOT'S CHILDCARE AND EARLY LEARNING CENTER LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 512A00019774

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foxx ToT's Family Childcare Home Limited Liability Company
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:

Agnes Foxx
Name of Person

Agnes Foxx ToT's Family Childcare Home
Firm/Company

4721 NW 181 Terr
Address

Miami Florida 33055
City/State, and Zip Code

Agnes Foxx89@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Agnes Foxx at (305) 454-9896
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

12 AUG -9 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foxx TOT's Childcare And Early 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 September 21, 2010 and assigned
Florida document number L10000098338.

This amendment is submitted to amend the following:

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

Foxx TOT's Family Child Care Home Limited Liability Company

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)

4721 NW 181 Terr
miami Florida 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4721 NW 181 Terr
miami Florida 33055

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:

Agnes Foxx

New Registered Office Address: -

4721 NW 181 Terr

Enter Florida street address

miami, Florida 33055
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.

Agnes Foxx
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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____, _____.

 Signature of a member or authorized representative of a member

 Typed or printed name of signee