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Special Instructions to	Filing Officer:	4
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2011 JUL 22 PH 3: 02

THE PROPERTY.

THIMPION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Animation Kids Place 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:
Felicia Jackson Stanley Animation Kids Place Firm/Company 4711 Oleander Dr Address Tallahassee Fl. 32-305 City/State and Zip Code Animation Kids Jack Damail. Car
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Felicia Jackson Stamley at (80) 322-4725 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

11 JUL 22 PM 3410

Animation	Kid's Pla	re UC	SECALTARY UF MUDAHASSEE.F	STATE L GRIGA
(Name of the Limited	Liability Company Florida Limited Liab	as it now/appears on oility Company)	our records.)	
The Articles of Organization for this Limited L Florida document number	iability Company we 3863/	ere filed on3_/	3:/// and	d assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabilit	y company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited	Liability Company,"	the designation "LLC" or	the abbreviation
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
	-			<u> </u>
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE	BOX)			
•	-	·		
B. If amending the registered agent and/ registered agent and/or the new registered of		e address on our r	ecords, enter the nan	ne of the new
			•	
Name of New Registered Agent:				
New Registered Office Address:				
		Enter F	lorida street address	
		a:	, Florida	<u> </u>
		Citv	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

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:

	= Mana M = Mai	ger naging Member				
<u>Title</u>		Name		Address		Type of Action
Mg	L.	Darious	Sallworth	3511 Larkway S Tallahassee, El. 32	t. 305	Add Kemove
Mar	M	Wilbert	Stanley II	- 4711 Oleander Tallahossee, Fd. 3	DL 2305	Add Remove
						Add Remove
-	_				-	Add Remove
						Add Remove
	_	<u></u>				Add Remove
D. If a	amendin	ease ame om Mgc July 27 July 27 Signa	nd to to M 201	here: (Attach additional sheets, if no Charge Felic) And Market Additional sheets, if no Charge Felic) Line Additional sheets, if no Charge Felic) authorized representative of a member of a charge for the charge f	Star	
	_	telicia	,	printed name of signee Page 2 of 2]	
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Filing Fee: \$25.00