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K.SALY EXAMINER JUN 11 2015

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

. Division of Co	rporations		
	RE EARLY LEARNING CENT	TER LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KIRSTEN E JOHNSON C	CPA	
		Name of Person	
	KIRSTEN E JOHNSON &	COMPANY PA	
		Firm/Company	<u></u>
	3391 E SILVER SPRINGS	S BLVD, SUITE C	
		Address	
	OCALA, FL 34470		
	<del> </del>	City/State and Zip Code	
	KIRSTEN.2@HOTMAIL.C		
	E-mail address: (	to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
KIRSTEN E JOHNSON CPA		352 622-1444 at ()	
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)
Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 JUN 11 PM 5:55

PLAYCARE 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  $\frac{04/15/11}{1}$ and assigned Florida document number L11000045633 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: **DEBRA A RUMPF** Name of New Registered Agent: 3193 N HYSSOPS POINT New Registered Office Address: Enter Florida street address **BEVERLY HILLS** 

## 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 605. 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM DEBRA A RUM	DEBRA A RUMPF	3193 N HYSSOPS POINT	Add		
		BEVERLYHILLS, FL 34465	□ Remove		
			☐ Change		
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		-	□ Remove		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00