L12000003133

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600248592036

600248592036 06/11/13--01019--008 **25.00

FILED
2013 JUN 11 PM 1: 00
SECRETARY OF STATE
SECRETARY OF STATE

JUN 12 2013 J. BRYAN

COVER LETTER

TO: Registration Sec Division of Corp			,			
SUBJECT:	Tammie Thomas Name of Limite	Family Home	DayCare			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspon	dence concerning this matter t	o the following:	•			
	T. Thomas 3146 Pell Orlando Fi	D. Thomas Name of Person Family Home Do Firm/Company Mell Drive Address Orida 32818 City/State and Zip Code 2 a) Cfl. rr. Company be used for future annual report notification	TALLAND SECRETARY OF STATE TA			
For further information concerning this matter, please call:						
Tammie D.	Thomas Person	at (<u>407) 601 - 133</u> Area Code & Daytime Tel	gphone 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			

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

Ol	do to		
(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/16/2012 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Thomas Family Home Day Care of The new name must be distinguishable and end with the words "Limit" L.L.C."	and Learning Center, L.L.C. ed Liability Company, "the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	3146 Pell Mell Drive		
(Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32818		
	<u> </u>		
Enter new mailing address, if applicable:	3146 Pell Mell Drive		
(Mailing address MAY BE A POST OFFICE BOX)	3146 Peil Meil Drive Orlando FL 32818		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:			
	, Florida		
	City Zip Code		
New Registered Agent's Signature if changing Registered Agent	•		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Remarke	
			Add	
		-	Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
	•		Remove	
			Add	
			Remove	

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
•		
•		_
		The last of
		Ser A
Dated	June 07, 2013.	E. FLOR
	Jannie D. Thomas	Alor
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Tamme D. Thomas	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00