

L120000062812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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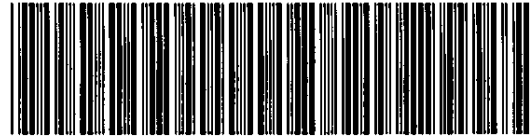
(Business Entity Name)

(Document Number)

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FILED
12 MAY 29 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 30 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TENDER LOVING CARE KIDS ACADEMY 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:

MARIA EIA CRUZ

Name of Person

TENDER LOVING CARE KIDS ACADEMY, LLC

Firm/Company

8950 STIRLING ROAD

Address

COOPER CITY FL 33024

City/State and Zip Code

MARIAEIA312@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA EIA CRUZ

Name of Person

at (305) 824-7109

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

12 MAY 29 PM 3:07

TENDER LOVING CARE KIDS ACADEMY, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 9, 2012 and assigned Florida document number 12000062812.

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)

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:

Name of New Registered Agent:

MARIA ELA CAUZ

New Registered Office Address:

8950 STIRLING ROAD

Enter Florida street address

COOPER CITY

City

Florida 33024

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.

Maria Elia Cauz

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

Title	Name	Address	Type of Action
MGR	MARIELA CRUZ	8950 STIRLING Rd COOPER CITY 71 33024	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARIA ELA CRUZ	8950 STIRLING Rd. COOPER CITY, 71 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANGELA FELICE	8950 STIRLING Rd COOPER CITY 71 33024	<input checked="" 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 MAY 25, 2012.


Signature of a member or authorized representative of a member

MARIA ELA CRUZ
Typed or printed name of signee

FILED
12 MAY 29 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA