

16
L12000118726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

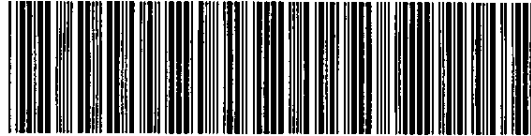
(Business Entity Name)

(Document Number)

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2015 AUG -6 PM 1:57
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Gallegos AUG -7-2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

Grace Lutheran Child Development Center, 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:

Rosin Lebron
Name of Person

Firm/Company

3923 Carnaby Dr.
Address

Duval, FL 32205
City/State and Zip Code

RLebron.GLCDCC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosin Lebron at (407) 454-1157
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)

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

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ARTICLES OF AMENDMENT 2015 AUG -6 PM 1: 57
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GRACE LUTHERAN CHILD DEVELOPMENT 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 4/30/2013 and assigned
Florida document number L12000118726.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3923 Carnaby Dr.

Oviedo, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

745 S. Ingraham Ave.

Lakeland, FL 33801

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:

Rosin Lebron

New Registered Office Address:

745 S. Ingraham Ave.

Enter Florida street address

Lakeland

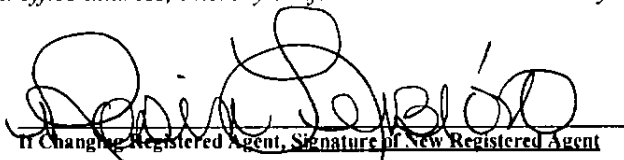
City

, Florida 33801

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALICIA KING	4430 PARK BLVD N.	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSIN LEBRON	3923 CARNABY DR.	<input checked="" type="checkbox"/> Add
		OVIEDO, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACELIS ALVARADO	2902 SPRAGUE DR.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32826	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

FILED
2015 AUG -6 PM 1:57
CLERK OF DISTRICT COURT
ST. LOUIS, MO
05.0207 (3)(b)
Tested as the
Trier of

Dated JULY 27TH

2015

2015
Signature of a member or authorized representative of a member

ROSIN LEBRON

Typed or printed name of signee