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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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LLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

LUV-N-LEARN DAYCARE PRESCHOOL 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:



Name of Person

LUV-N-LEARN DAYCARE PRESCHOOL CENTER LLC

Firm/Company

6425 NW 55th St

Address

Coral Springs FI 33067

City/State and Zip Code

luvnlearnpreschoolcenter@gmail.com

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

For further information concerning this matter, please call:

Mimose Dulcio

_{...},954、8**54-46**09

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUV-N-LEARN DAYCARE PRESCHOOL 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 Li	ability Company were filed on 12	2/06/2012 and assigned
Florida document number L12000152915	,	
		ومنتاح
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company he	ere:
LUV-N-LEARN PRESCHOOL CENTE	RLLC	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/o	or registered office address on	our records, enter the name of the new
registered agent and/or the new registered off		our records, enter the name of the new
Name of New Registered Agent:	Mimose Dulcio	
New Registered Office Address:	6425 NW 55TH ST.	
	E	nter Florida street address
	CORAL SPRINGS	, Florida <u>33067</u>
	City	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 ress of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Title Name Address 7592 NW 73Terrest Carole Monfiston **MGRM** Tamarac FI, 33321 Remove 6425 NW 55TH ST. SEMINTA DULCIO MGRM CORAL SPRINGS, FL 33067 6425 NW 55TH ST. **MGRM** NATALIE BISSERETH CORAL SPRINGS, FL 33067 **ROSLEY PAUL** 6425 NW 55TH ST. **MGRM** CORAL SPRINGS, FL 33067 Remove

Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ed	
	Menale
	Signature of a member or authorized representative of a member Mimose Dulcio
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

TÄLLAHASSEE, FLUKION