

L170 000 26765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

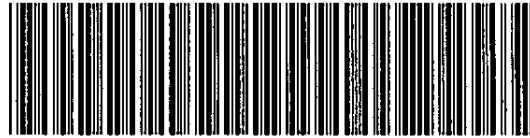
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

207



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2015

PAULA EDWARDS
2902 SW 115 AVE #103
MIRAMAR, FL 33025

SUBJECT: CHILDREN AND ADULTS INTERVENTION SERVICES LLC
Ref. Number: L13000026365

We have received your document for CHILDREN AND ADULTS INTERVENTION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00003105

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Children and Adults Intervention Service LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Edwards

Name of Person

Firm/Company

2902 SW 115 Ave #103

Address

Miramar FL 33025

City/State and Zip Code

paulasimmediatereply@aol.com

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

For further information concerning this matter, please call:

Paula Edwards

Name of Person

at (813) 997-0070

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**TO
ARTICLES OF ORGANIZATION
OF**

Children and Adults Intervention Services 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 2/29/13 and assigned
Florida document number L13000026365

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Adults and Children Intervention Services LLC

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)

2902 SW 115 AVE UNIT 103

MIRAMAR FL 33025

ATT PAULA EDWARDS

SMC-

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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

Authorized Member 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>
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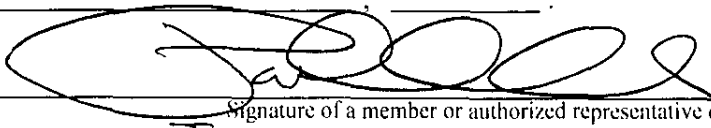
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U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

03/1/2015

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 1 , 2015



Signature of a member or authorized representative of a member

PAULA ~~XXXXXXXXXX~~
Sims

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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15 FEB 27 AM 8:52
CLERK OF COURT
JAIL/RECORDS DIVISION