Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : POHL + SHORT, P.A.

Account Number : I20000000182 Phone : (407)647-7645

Fax Number : (407)647-2314

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: asent@starchildwintergarden.com

RECEIVED

13 APR 15 AM 6: 39

SECHETARY OF STATE
FALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WINDERMERE KIDS LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINDERMICKE KIDS LLC

Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for fliting.

Please return all correspondence concerning this matter to the following:

Hail Sant	. 26 26	
Name of Person	C =	
Windermere Kids LCC. \$	APR RETA	7
Firm/Company (2)	5 5	
1324 Winter Screen Vine land RX 85		m
2D	N.	
Winter Garacter 76, 3478	~	
City/State and Zip Code		
25 and 5 store Child Winter Garden . Co	2.7°E ,	
B-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Anil Sait

(JE) 877-0345

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Centified Copy
(additional copy is enclosed)

S60.00 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 4076472314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our rebuilty Company)	ecords.)	
The Articles of Organization for this Limited Liability Company w	were filled on $3/25$	/2013 and assigned	
This amendment is submitted to amend the following:		20	
A. If amending name, enter the new name of the limited jiabili	ty company here:	13 APR	_
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the de	signation "LLC poshe abbreviation	_
Enter new principal offices address, if applicable:		77. 28	Į
(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 registered agent and/or the new registered office address here:	ce address on our recor	ds, enter the name of the new	į
Name of New Registered Agent:	-1		
New Registered Office Address:	····		
•	Enter Florid	a street address	
		Plorida	
	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

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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 = Ma MGRM = N	nager ⁄ianaging Member		••
Title	Name	Address	Type of Action
			Add
			Remove
			ALLAHA SSE
			ASSSET COMMOVE
			A Add
		•	Remove
			Add
			Remove
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		<u> </u>	Add
			Remove
		117.07.7.100	Add
			Remove
			Kemave

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D. If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	Article III of its Articles of Organization	<u>پر</u>	
	to read: Operation of a pre-school	/	
	and all other activities		
	Desmitted by the Florida Comited		
	Liability Company Act.		
Dated_	HON1 15/2 25/3		
	Mail Sant		
	Signature of a member or authorized representative of a member		
	ANIC SANT		
	Typed or printed name of signee		
	Page 3 of 3	a 😝	
	Filing Fee: \$25.00	2013 APR /	
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