L13000050551

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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S Warren OCT 14 2016

COVER LETTER

TO:	Registration Sec Division of Corp			·
SUBJ	ect: <u>A</u> C.	Name of Limi	ited Libility Company	and the state of t
The en	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Carmeta	Name of Person	
		A Childr	ent Learning	r Brperience
		1323 mai	Address	
			FI 34748 City/State and Zip Code	
		·	to be used for future annual report notifi	ication)
For fu	rther information co	ncerning this matter, please ca	all:	
Car	Name of	erson	at (<u>352</u>) <u>396-0</u> Area Code Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
□ \$2	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

(Name of the Limited Liability Compa (A Florida Limited	
The Articles of Organization for this Limited Liability Company Florida document number 11300050551	were filed on April 1, 2013 and assigned
This amendment is submitted to amend the following:	
Č	1124
A. If amending name, enter the new name of the limited liab A Children's Factoring F The new name must be distinguishable and contain the words "Distinguishable and contain	0 1 - 1 (
	1323 Marshall Delut
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LEESburg Fl 34748
Enter new mailing address, if applicable:	670 Rob Roy Deive
(Mailing address MAY BE A POST OFFICE BOX)	Clermont Fl 34711
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the name of the new
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 agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
·-··			Add
			Remove
			Change
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an effe ote:	ive date, if other than the date of filin ective date is listed, the date must be specific an If the date inserted in this block does not ent's effective date on the Department of	d cannot be prior to date of filing or more t meet the applicable statutory filing re		
	cord specifies a delayed effective		e, at 12:01 a.m. on the ear	lier c
ıne	90th day after the record is filed		· <u>~</u>	
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	(netter	how -		
	Signature of a	member or authorized representative of a	-ri 1 1 1	
		member of authorized representative of a	member 77 7	

Page 3 of 3

Filing Fee: \$25.00