

L13000071410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

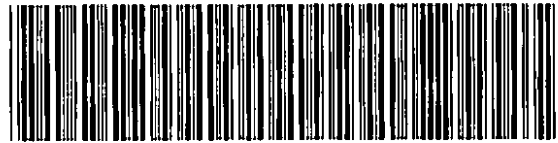
(Document Number)

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG -8 PM12:21

Amend

AUG 08 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reids Educational Child care 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:

Nickesha V. Reid
Name of Person

Reids Educational Child care
Firm/Company

10658 Biscayne Blvd
Address

Jacksonville, Florida 32218
City/State and Zip Code

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

For further information concerning this matter, please call:

Nickesha Reid at (951) 772 5334
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)

Already
PAID for

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
18 AUG - 8 PM 12:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2018

NICKESHA REID
REID'S EDUCATIONAL CHILD CARE
10658 BISCAYNE BLVD
JACKSONVILLE, FL 32218

SUBJECT: REID'S EDUCATIONAL CHILD CARE CENTRE LLC
Ref. Number: L13000071410

We have received your document for REID'S EDUCATIONAL CHILD CARE CENTRE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 318A00015766

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RECEIVED
18 AUG - 8 PM 12:21
CLERK OF STATE
CORPORATIONS

Reids Educational child care 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 May 13, 2013 and assigned
Florida document number 113000071410

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 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)

10658 Biscayne Blvd
Jacksonville, FL 32218

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:

Ms. Nickesha V. Reid

New Registered Office Address:

10658 Biscayne Blvd.

Enter Florida street address

Jacksonville, Florida 32218
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.

Nickesha V. Reid
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>
AmBR	Nickesha Reid	10658 Biscayne Blvd	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida	<input type="checkbox"/> Remove
		32218	<input type="checkbox"/> Change
Mgrm	Reids Educational		<input type="checkbox"/> Add
	Child Care Center		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 7 11, 2018

Signature of a member or authorized representative of a member

Nickesha V. Reid

Typed or printed name of signee