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(Requestor's Name)	—
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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2013 JUN -3 PH 12: 19
SECRETARY OF STALE

B. BOSTICK JUN - 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carthon Large Family Day 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:

Mary A. Carthon

Name of Person

Carthon Large Family Day Care

Firm/Company

621 Beacon Road

Address

Lakeland, florida 33803

City/State and Zip Code

carthonsdaycare@gmail.com

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

For further information concerning this matter, please call:

Mary A. Carthon

_{4/}863\398**-**3554

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

and assigned
and assigned
ignation "LLC" or the abbreviation
2013 SEC
JUN -5
<u>Fa</u> m
FLORE 2
s, enter the name of the ne
street address
lorida 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, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ashley M.Carthon	621 West beacon Road	_ Add
		Lakeland,Florida 33803	_ Remove
MGR	Mary A.Carthon	621 West beacon Road	Add
		Lakeland, Florida 33803	Remove
MGRM	Ashley M.Carthon	621 West Beacon Road	Add
		Lakeland, Florida 33803	Remove
MGRM	Mary A. Carthon	621 West Beacon Road	Add
		Lakeland, Florida 33803	Remove
			Add
		SECRE PAR TALLAHASS	Remove
		E. F.	F L
	·	DRIDA	Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
-	•
Dated	5) 29(13
	Maura Catha
	Signature of a member or authorized representative of a member
	Mary A. Carthon
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUN - 3 PM 12: 2