

L13000082509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

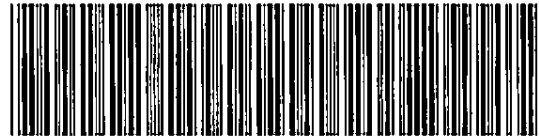
(Business Entity Name)

(Document Number)

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18 JAN 31 PM 2:49  
TALLAHASSEE, FLORIDA

FEB 01 2018

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Genuinely Loving Childcare, 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:

Nicol Rocci

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4122 Playa Court

\_\_\_\_\_  
Address

Belle Isle, FL 32812

\_\_\_\_\_  
City/State and Zip Code

NicAllyLearningAcademy@gmail.com

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

For further information concerning this matter, please call:

Nicol Rocci

407 487-0614

at ( )

\_\_\_\_\_  
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**

Genuinely Loving Childcare, 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 05/15/2015 and assigned  
Florida document number L13000083509.

This amendment is submitted to amend the following:

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

NicAlly Learning Academy, LLC

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:**

11658 McCulloch Rd.

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32817

**Enter new mailing address, if applicable:**

11658 McCulloch Rd.

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32817

**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:

11658 McCulloch Rd.

*Enter Florida street address*

Orlando

*City*

, Florida 32817

*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**

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Change

8 JAN 31 2:49 PM '99  
 DEPT OF STATE  
 OFFICE OF THE SECRETARY  
 WASHINGTON, DC 20520-6001

18 JAN 30 PM 2:  
FALLA HASSEE, FLOR

FIELD  
18 JAN 31 PM 2:49  
U.S. AIR FORCE  
WALLASS, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated January 29 . 2018 .

Neil Row

Signature of a member or authorized representative of a member

Nicol Rocci

Typed or printed name of signee