L130000 84003

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nan	ne)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	g Officer:	





600255570206

01/15/14--01012--027 **25.00

SECRETARY OF STATE

N. Guilligan JAN 2 1 2014

COVER LETTER

TO: Registration Section
Division of Corporations

BIFCT. Serving Children and Reaching Families, 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:

Patrina Lawrence

Name of Person

Serving Children and Reaching Families, LLC

Firm/Company

1975 S. John Young Parkway, Suite 203A

Address

Kissimmee, FL 34741

City/State and Zip Code

scarf.florida@gmail.com

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

For further information concerning this matter, please call:

Patrina Lawrence

_,321,236-1540

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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2014 JAN 15 PH 3: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Serving Children and Reaching Families	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on June 11, 2013 and assigned
Florida document number L13000084003	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
A. If amending name, enter the new name of the minicu hab	nity company nere.
The new name must be distinguishable and end with the words "Limi	ited Liability Company" the designation "LLC" or the abbreviation
"L.L.C."	<u></u>
Enter new principal offices address, if applicable:	1975 S. John Young Parkway
(Principal office address MUST BE A STREET ADDRESS)	Suite 203A
	Kissimmee, FL 34741
Enter new mailing address, if applicable:	1975 S. John Young Parkway
(Mailing address MAY BE A POST OFFICE BOX)	Suite 203A
	Kissimmee, FL 34741
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	<u>e</u> :
N. CN. D. L. M.	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			-
			Add
			Remove
		 	Kelilove
			_
			L Add
		 	Remove
			_
			Add
			Remove
			_
			_ Add
			Remove
			_
			Add
			Remove
			Kemove

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Pa	trina Lawrence 55% of ownership
Ma	aria Lawrence 45% of ownership
Dated Dec	<u>Cember 6</u> , 2013.
-	Signature of a member or authorized representative of a member
_	Patrina Lawrence
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

FILED

MIN 15 PN 3: 11

SECRETARY OF STATE
FALLAHASSEE, FILORIDA