

L13000 111849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

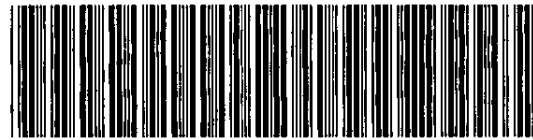
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15 JAN 20 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2015

T. HAMPTON

NO
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All About Kidz 2 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:

Shaunda J Crumity
Name of Person

All About Kidz Learning Center
Firm/Company

3311 Ave G NW
Address

Winter Haven, FL 33880
City/State and Zip Code

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

For further information concerning this matter, please call:

Shaunda J. Crumity at (813) 595-7474
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JAN 20 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

December 19, 2014

SHAUNDA J CRUMITY
ALL ABOUT KIDZ LEARNING CENTER
3311 AVE G NW
WINTER HAVEN, FL 33880

SUBJECT: ALL ABOUT KIDZ 2 LLC
Ref. Number: L13000111849

We have received your document for ALL ABOUT KIDZ 2 LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 114A00026945

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

All About Kidz 2 LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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15 JAN 20 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8.7.13 and assigned
Florida document number L13000111849.

This amendment is submitted to amend the following:

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

All About Kidz Learning Center LLC
The new name must be distinguishable and end with 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)

3311 Ave G NW
Winter Haven, FL
33880

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3311 Ave G NW
Winter Haven, FL
33880

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:

Enter Florida street address

City

, Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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"/> Add
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 15, 2014.

Shaunda J. Creemity

Signature of a member or authorized representative of a member

Shaunda J. Creemity

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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