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SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

LILLI CHILD CARE LLC.

SUBJECT:

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:

## MARIE LILAS JEAN

Name of Person

LILLI CHILD CARE LLC.

Firm/Company

**1110 NW 145TH STREET** 

Address

MIAMI, FL 33168

City/State and Zip Code

fritzlynjean@yahoo.com

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

For further information concerning this matter, please call:

MARIE LILAS JEAN

,,941,68

681-4877

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

LILLI CHILD CARE LLC.			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company via Florida document number L13000127156  This amendment is submitted to amend the following:		and assign	ned
· ·			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		·	
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 here:		the name of	the new
Name of New Registered Agent:		A S = =	
New Registered Office Address:		SEP	13.4%
	Enter Florida street address		Ecarem Current
	, Florida	in Zip Code	Freeza.
New Registered Agent's Signature, if changing Registered Agent:	C.I.y		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am f ovided for in Chapter 605, F.S. Or,	familiar with a if this docume	and

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>	Address	Type of Action
AMBR	HALL, TERESA	17831 MYRTLE LAKE DR	<b>≣</b> Add
		MIAMI GARDENS, FL 33056	<del></del>
			_
			□ Add
			☐ Remove
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	•		Remove
		<del></del>	
			_□ Add
		A CAR	_□ Remove
		ASSEE FL	□ Add □ □ Remove.
		RATE A	_Li-Remove,
			_□ Add
			_□ Remove

If amending any other information, enter change(s) here: (Attach additional sheets	, if necessary.)
	- W. B
,	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	_ (optional) 90 days after
Dated SEPTEMBER 23 2014	
Marie Lilas Tean	
Signature of a member or authorized representative of a member	r
MARIE LILAS JEAN  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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