

L13000133536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

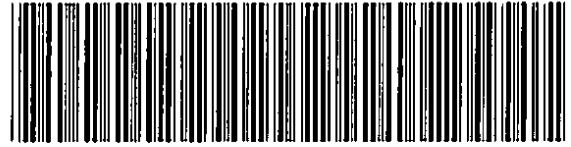
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SECRETARY OF STATE
TALLAHASSEE, FL
11/8/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANDIL KIDS CENTER 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:

JULIO C GALANTE

Name of Person

Firm/Company

13350 SW 1ST ST

Address

PEMBROKE PINES, FL, 33027

City/State and Zip Code

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

For further information concerning this matter, please call:

ANA GOMEZ

754

465-6749

Name of Person

at ()
Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CANDIL KIDS CENTER 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 09/20/2013 and assigned
Florida document number L13000133536.

This amendment is submitted to amend the following:

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

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:

(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 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

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 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>
MGR	JULIO C GALANTE	13350 SW 1ST ST	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL, 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MITCHEL SABINA	7767 NW 146 ST	<input type="checkbox"/> Add
		MIAMI LAKES, FL, 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SEC. DIV. OF STATE
TALLAHASSEE, FL

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SECURITY
FALLAWAY

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 25TH, 2023

Signature of a member or authorized representative of a member

JULIO C GALANTE

Typed or printed name of signee

Filing Fee: \$25.00