

L13000169125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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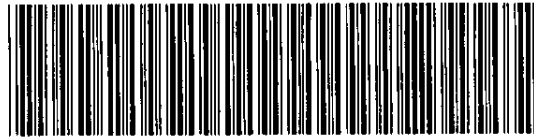
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

15 NOV 30 PM 12:44

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TO ACKNOWLEDGE
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AND
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15 NOV 30 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 30 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Child Care Connection, 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:

S. Frances Allen
Name of Person

All Saints Anglican Church of Tallahassee, Inc.
Firm/Company

3945 North Monroe Street
Address

Tallahassee, FL 32303
City/State and Zip Code

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

For further information concerning this matter, please call:

S. Frances Allen at (850) 893-4174
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**

Quality Child Care Connection, LLC *at Deeper Life*
(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 Dec 4, 2013 and assigned Florida document number 213000169125

This amendment is submitted to amend the following:

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

Quality Child Care Connection, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3945 North Monroe St
Tallahassee FL 32303

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:

S. Frances Allen

New Registered Office Address:

13177 Old Settlement Road

Enter Florida street address

Tallahassee

City

Florida

32303

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.

S. Frances Allen

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>
<u>MGR</u>	<u>S. Frances Allen</u>	<u>13177 Old Settlement Road</u>	☒ Add
		<u>Tallahassee, FL 32309</u>	☐ Remove
			☐ Change
<u>AMBR</u>	<u>Jean Williams</u>	<u>1921 Sharon Rd</u>	☒ Add
		<u>Tallahassee, FL 32303</u>	☐ Remove
			☐ Change
<u>AMBR</u>	<u>Ken Klos</u>	<u>383 Castleton Cir</u>	☒ Add
		<u>Tallahassee, FL 32312</u>	☐ Remove
			☐ Change
<u>AMBR</u>	<u>Travis Boline</u>	<u>3945 North Monroe St</u>	☒ Add
		<u>Tallahassee, FL 32303</u>	☐ Remove
			☐ Change
<u>MGR</u>	<u>DARRIN D. RICH</u>	<u>3945 North Monroe St</u>	☐ Add
		<u>Tallahassee FL 32303</u>	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

5 NOV 30 PM 1:00
TALLAHASSEE FL 32303
SEC. OF STATE
FILED

APPROVED
AND
FILED

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

NONE

E. Effective date, if other than the date of filing: 1-1-2016 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11-30-2015, _____.

S. Frances Allen

Signature of a member or authorized representative of a member

S. Frances Allen

Typed or printed name of signee

15 NOV 30 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED