

L1400019368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 13 2015

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2015

MICHELE HENNING
14601 TAMIAMI TRAIL
NORTH PORT, FL 34287

SUBJECT: KANGAROO KIDS ACADEMY LLC
Ref. Number: L14000019368

We have received your document for KANGAROO KIDS ACADEMY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00001832

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KANGAROO KIDS ACADEMY LLC

DOCUMENT NUMBER: L14000019368

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELE HENNING

Name of Contact Person

KANGAROO KIDS ACADEMY LLC

Firm/ Company

14601 TAMIAMI TRAIL

Address

NORTH PORT, FL 34287

City/ State and Zip Code

KANGAROOKIDSFLORIDA@GMAIL.COM

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

For further information concerning this matter, please call:

MICHELE HENNING

Name of Contact Person

at (941) 421-6342

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KANGAROO KIDS ACADEMY, 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 2/4/2014 and assigned
Florida document number L14000019368

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 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)

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

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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

Title	Name	Address	Type of Action
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MGR	DAVID BILBREY	3412 GENOA DRIVE	<input checked="" type="checkbox"/> Add
-----	---------------	------------------	---

		MURFREESBORO, TN 37129	<input type="checkbox"/> Remove
--	--	------------------------	---------------------------------

MGR	PAM BILBREY	3412 GENOA DRIVE	<input checked="" type="checkbox"/> Add
-----	-------------	------------------	---

		MURFREESBORO, TN 37129	<input type="checkbox"/> Remove
--	--	------------------------	---------------------------------

MGR	MICHELE HENNING	675 TAMiami TRAIL, SUITE 1	<input type="checkbox"/> Add
-----	-----------------	----------------------------	------------------------------

		PORT CHARLOTTE FL 33953	<input checked="" type="checkbox"/> Remove
--	--	-------------------------	--

15 FEB - 5 PM 1:51
 ALLAH...
 STATE OF FLORIDA

Add

Remove

Add

Remove

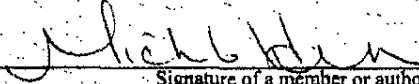
Add

Remove

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 JANUARY 1, 2015



Signature of a member or authorized representative of a member.

MICHELE HENNING

Typed or printed name of signee.

Page 3 of 3

Filing Fee: \$25.00

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