

L14 000066268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 07 2014

Temple Kane
5300 W Atlantic Avenue, Suite 700
Delray Beach, FL 33484

April 29, 2014

Via Fedex #798697895146

Registration Section
Division of Corporations
Florida Department of State
2661 Executive Center Circle
Tallahassee, FL 32301

Re: COA Doc Stone, LLC – L14000066268
COA Stony Point, LLC – L14000066303

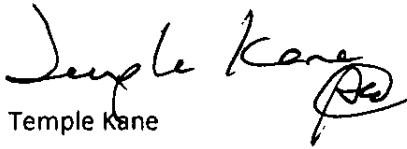
TO WHOM IT MAY CONCERN:

Attached please find an Original and Copy of Articles of Amendment to Articles of Organization of COA Stony Point, LLC., and COA Doc Stone, LLC., together with check numbers #2556 and #2551 in the amount of Thirty and 00/100 (\$30.00) respectively.

Also enclosed is a return Fedex AWB #795931106953. Please be good enough to return a Certificate of Status and a File Stamped copy of the above Amendments to our offices.

If you have any questions or need additional information please don't hesitate to contact my Assistant Sharmini Everett at (561) 900-1861 or via email at sharminie@coa.co.

Thank you ,


for Temple Kane

Attached: 2 checks
Amendments
Fedex AWB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **COA Doc Stone, 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:

Robert A Castille

Name of Person

Firm/Company

1170 Manor Ct

Address

Weston, FL 33326

City/State and Zip Code

joe@wwri.co

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

For further information concerning this matter, please call:

S. Everett

Name of Person

at (

561 900-1861

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

COA DOC STONE, 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 April 23, 2014 and assigned
Florida document number L14000066268.

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

City, Florida

City

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PM 8:30
CLERK OF COURT

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>
MGR	R A Castille Childcare, LLC	1170 Manor Court	<input type="checkbox"/> Add
		Weston, FL 33326	<input checked="" type="checkbox"/> Remove
MGR	TK Childcare, LLC	1160 Hoff Road	<input type="checkbox"/> Add
		Hanover, PA 17331	<input checked="" type="checkbox"/> Remove
MGR	Robert A Castille	1170 Manor Ct	<input checked="" type="checkbox"/> Add
		Weston, FL 33326	<input type="checkbox"/> Remove
MGR	Temple Kane	1160 Hoff Road	<input checked="" type="checkbox"/> Add
		Hanover, PA 17331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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SECRETARY OF STATE

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 April 28, 2014

ROBERT A. CASTILLE

Signature of a member or authorized representative of a member

Robert A. Castille

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA