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(Requestor's Name)
(Requestors Name)
(Address)
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2017 JUN 12 PH 2: III
SECRETARY OF STATE
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COVER LETTER

Divi	sion of Corpor	
SUBJECT:	LAUGH AND	LEARN HOME CHILD CARE, LIMITED LIABILITY COMPANY
		Name of Limited Liability Company
The enclosed	Articles of Am	nendment and fee(s) are submitted for filing.
Please return	all corresponde	ence concerning this matter to the following:
		JONES, ABIGAL L
		Name of Person
		LAUGH AND LEARN HOME CHILD CARE, L.L.C
	•	Firm/Company
		8231 HALLS HAMMOCK CT
	•	Address
		JACKSONVILLE, FL 32244
		City/State and Zip Code
	-	Abigailvis@bellsouth.net
		E-mail address: (to be used for future annual report notification)
For further in	formation conc	cerning this matter, please call:
ABIGAL JO	NES	904 662-2412 at ()
	Name of Pe	erson Area Code Daytime Telephone Number
Enclosed is a	check for the fo	following amount:
□ \$25.00 F	iling Fee I	**S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2017

ABIGAL L JONES 8231 HALLS HAMMOCK CT JACKSONVILLE, FL 32244

SUBJECT: LAUGH AND LEARN HOME CHILD CARE, LIMITED LIABILITY

COMPANY

Ref. Number: L14000112839

We have received your document for LAUGH AND LEARN HOME CHILD CARE, LIMITED LIABILITY COMPANY and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00010925

2017 JUN 12 PH 2: 11
SECRETARY OF STATE
TAIL AHASSEE ELEGISTA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAUGH AND LEARN HOME CH	,		
(Name of the Limi	(A Florida Limit	mpany as it now appears on our recorded Liability Company)	<u>s.</u> J
The Articles of Organization for this Limited L		any were filed on 07/17/2014	and assigned
lorida document number	·		
his amendment is submitted to amend the foll	lowing:		
If amending name, enter the new name o	of the limited l	iability company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
Principal office address MUST BE A STREI	ET ADDRESS	Σ	
			AL SE
Enter new mailing address, if applicable:		N/A	ASS.
Mailing address MAY BE A POST OFFICE	BOX)		
			S 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
			S A I
 If amending the registered agent and registered agent and/or the new registered or 			s, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street addres	s
		, Flo	orida
		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>	Type of Action
AMBR	King, James A, Jr.	4089 Everett Ave	Add
		Middleburg Fl 32068	■ Remove
			☐ Change
AMBR	King, Shannon L	4089 Everett Ave	□ Add
		Middleburg Fl 32068	Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Remove
			Change
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ective date, if other than the date of fili effective date is listed, the date must be specific a e: If the date inserted in this block does not ument's effective date on the Department of	and cannot be prior to da t meet the applicable	statutory filing requir	(optional) 90 days after filing. rements, this date) Pursuant to 605.0
record specifies a delayed effective he 90th day after the record is filed		effective time, a	at 12:01 a.m.	on the earlie
ed	_,			
	<u>——</u> ———			
			mhau	<u> </u>
James	~~~		moer	
Signature of	a member of authorized	representative of a me		L C
				T JUN CORETA LAHAS
Signature of James	a member of authorized			3355
				S