

**L1400015998**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000192747 3)))



H140001927473ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUNSHINE EARLY CHILDHOOD DAYCARE OF COCOA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 18 2014

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
14 AUG 15 AM 6:45  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
14 AUG 15 AM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/26/2032 00:00

08-14-14:05:47PM; ELLIOTT'S BUSINESS

#0703 P.002/004

3056614451

# 3/ 7

H14000192747

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Sunshine Early Childhood Daycare of Cocoa, LLC

(Name of the Limited Liability Company or if now appears on our records,  
(A Florida Limited Liability Company))

The Articles of Organization for this Limited Liability Company were filed on July 23, 2014

Florida document number L14000115998

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 "LLC."

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:

Alexandra Riley

New Registered Office Address:

277 Wishing Well Circle

Enter Florida street address

Palm Bay

City

Florida 32908

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.

Alexandra Riley  
If Changing Registered Agent, Signature of New Registered Agent

H14000192747

06/26/2032 00:00

08-14-14;05:47PM;ELLIOTTS BUSINESS

#0703 P.003/004

;3056814451

# 4/ 7

H14000192747

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>
MGRM	Alexandra Riley	277 Wishing Well Circle	<input checked="" type="checkbox"/> Add
		Palm Bay Fl 32908	<input type="checkbox"/> Remove
MGRM	Carrie Soto	277 Wishing Well Circle	<input type="checkbox"/> Add
		Palm Bay Fl 32908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

11/14/2014 11:44:36  
SECRET  
CLASSIFIED

FILED

H14000192747

06/26/2032 00:01

#0703 P.004/004

08-14-14;05:47PM;ELLIOTTS BUSINESS

:3056814451

# 5/ 7

H14000192747

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 \_\_\_\_\_

\* *Alexandra Riley*

Signature of a member or authorized representative of a member

Alexandra Riley

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 AUG 15 AM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000192747