

L14000133223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900278287729

11/06/15--01013--004 \*\*25.00

FILED  
15 NOV -6 AM 11:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NOV 10 2015

Y SULKER

# IRIZARRY MENDEZ LAW FIRM

P.O. Box 771713  
Orlando, FL 32877

**Physical Address**  
605 E. Robinson St., Suite 130  
Orlando, FL 32801

JESUS IRIZARRY, ESQUIRE  
Tel: (321) 300-4LAW (529)  
Fax: (888) 901-4LAW (529)  
ImLaw@Bufetelrizarry.com

VIA USPS MAIL

November 2, 2015

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

**RE: COVER LETTER – Document No. L14000133223**

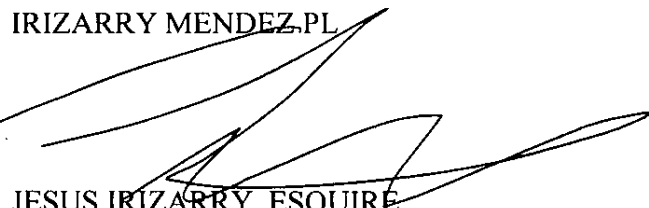
Dear Sir or Madam,

Please be advised that the enclosed Articles of Amendment to Articles of Organization for KIDS GROW, LLC, and fees are submitted for filing.

Please direct any further communications with my Client, regarding this matter, to my office.

Very truly yours,

IRIZARRY MENDEZ, PL



JESUS IRIZARRY, ESQUIRE  
For the firm

IM: oc  
11/02/2015  
Enclosure (TrustCo Bank check in the amount of \$25.00)

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

KIDS GROW, 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 08/25/14 and assigned  
Florida document number L14000133223.

This amendment is submitted to amend the following:

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

N/A

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)**

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

IRIZARRY MENDEZ PL

New Registered Office Address:

605 E. ROBINSON ST., SUITE 130

*Enter Florida street address*

ORLANDO

Florida

32801

*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>	<u>Type of Action</u>
AMBR	DOS SANTOS, MARIA	2245 FORTUNE RD	<input type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOS SANTOS, MARIA	2245 FORTUNE RD	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZAMBRANA DE RUZ, MIREN PATRICIA	11508 S. APOPKA VINELAND	<input type="checkbox"/> Add
		ORLANDO, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZAMBRANA DE RUZ, MIREN PATRICIA	11508 S. APOPKA VINELAND	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUZ CALVO, GEORGE THOMAS	11508 S. APOPKA VINELAND	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IMPRESORA GAMACOLOR, C, A	11508 S. APOPKA VINELAND	<input type="checkbox"/> Add
		ORLANDO, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
15 NOV -6 AM 11:31  
TALLAHASSEE, FLORIDA

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

*(This area is for amendments. A diagonal line is drawn across the space.)*

FILED  
15 NOV -6 AM 11:31  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

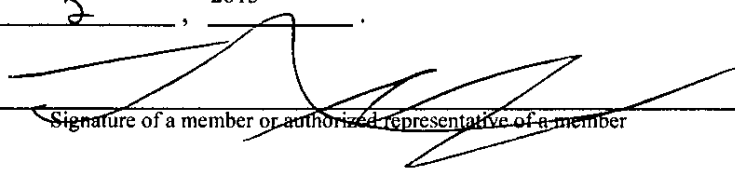
**E. Effective date, if other than the date of filing:** N/A **(optional)**

*(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 November 2, 2015



Signature of a member or authorized representative of a member

IRIZARRY MENDEZ, PL

Typed or printed name of signee