14000144429

(Re	questor's Name)	
(Ad	dress)	
(Ad	Idress)	<u> </u>
(Cit	ty/State/Zip/Phone	#)
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2017 APR -7 MI 10: 34

K. SALY APR 10 2017

COVER LETTER'

Division of Cor	rporations		
CLID ID COD	nd Academy, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub	mitted for filing	
	•	<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria E. Varela		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Kiddie Island Academy, L	LC:	
		Firm/Company	
	1031 NE Pine Island Rd U	nit 8	
		Address	
	Cape Coral FL 33909		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	kiddieislandacademy@yaho		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Maria E Varela		239 458-2974 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

TO: 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

2017 APR -7 AM 10: 34

ALLAHASSEE FLOOR

Kiddie Island Academy, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Flori	ida Limited Liability Company)	SEE. FLORIDA
The Articles of Organization for this Limited Liability	Company were filed on 09 15/2014	and assigned
Florida document number L14000144429	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	•
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reg		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	Cuy	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>	Address	Type of Action
MGR	Mariana Contreras		
•		502 NW 31 Pl, Cape Coral FL 3399	Remove
			Change
			
			□ Remove
			□ Change
			Add
			Remove
			Charge Charge
			Remove
			☐ Change
			Add
		 	□ Remove
			Change
			Add
			□ Remove
			Change

	
•	2017
	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 20/7 APR - 7 AM 10: ALL AHASSEE, FLORID.
	AHASSECF STA
	FLORIA ATT

~	03/15/2017
irec an ef	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocur	nent's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	e 90th day after the record is filed.
ated	<i>₹-15-17</i>
	3-15-17 Signature of a member or authorized representative of a member
	mra
	Signature of a member or authorized representative of a member
	Maria E Varela Typed or printed name of signee Typed or printed name of signee

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Filing Fee: \$25.00