

L15000000 1809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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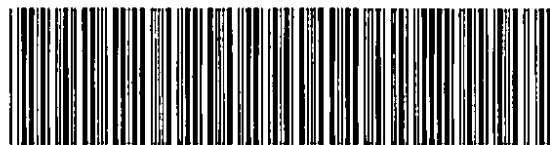
(Business Entity Name)

(Document Number)

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19 MAR -4 AM 9:52

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend

MAR 12 2019

D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Bounce N Play Family Center 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:

Deanna Eckhard
Name of Person
Bounce N Play Family Center LLC
Firm/Company
4881 SW 60th Ave
Address
Ocala FL 34474
City/State and Zip Code
BounceNPlayDeanna@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Eckhard at (352) 274-6781
Name of Person Area Code Daytime Telephone Number

19 MAR -4 AM 9:57
DIVISION OF CORPORATIONS
REC'D

Enclosed is a check for the 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
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**

Bounce N Play Family Center, 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 _____ and assigned
Florida document number L15000001809

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 contain the words "Limited Liability Company," the designation "L.L.C." 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:

Deanne Eckhard

New Registered Office Address:

Box 4881 SW 60th Ave

Enter Florida street address

Ocala

City


Florida

34474

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>
<u>MBMR</u>	<u>Luz Ramirez</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change:
<u>MGMR</u>	<u>Daniel Eckhard</u>	10121 <u>10121 SW 71st Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Ocala, FL 34476</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change:
<u>MGMR</u>	<u>Deanne Eckhard</u>	<u>10121 SW 71st Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Ocala, FL 34476</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change:
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change:
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change:
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change:

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

[illegible]

E. Effective date, if other than the date of filing: 02-20-2019 (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 _____, _____.

Signature of a member

Dennis Eckhard