L15000137813

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP MAIL MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: DISSO Wed 9123116 NEW name per sasha Mirocola 1117116660

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09/09/16--01021--023 **25.00

FILED

MINISTRACY OF SIMIL

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October 28, 2016

SASHA MIRACOLA 11946 SW 25 COURT MIRAMAR, FL 33025

SUBJECT: MY FIRST PLAYHOUSE PRESCHOOL LLC

Ref. Number: L15000137813

We have received your document for MY FIRST PLAYHOUSE PRESCHOOL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 316A00023279



September 12, 2016

SASHA MIRACOLA 11946 SW 25 COURT MIRAMAR, FL 33025

SUBJECT: MY FIRST PLAYHOUSE PRESCHOOL LLC

Ref. Number: L15000137813

We have received your document for MY FIRST PLAYHOUSE PRESCHOOL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.." "Ltd.." and "Co."

The document number of the name conflict is P12000038717 LITTLE LEARNERS PRESCHOOL, INC..

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 216A00019329

COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:		PLAYHOUSE PRESCHOOL	LLC	
JUDIECI:		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		SASHA MIRACOLA		
			Name of Person	······································
		MY FIRST PLAYHOUSE	PRESCHOOL LLC	
			Firm/Company	
		11946 SW 25 COURT		
			Address	
		MIRAMAR FL 33025		
			City/State and Zip Code	
		SMIRACOLA@GMAIL.Co		
		E-mail address: (1	to be used for future annual report noti-	fication)
For further in	formation co	ncerning this matter, please ca	ail:	
SASHA MIRACOLA		954 614-5011 at ()_		
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fi	ling 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:

TO:

Registration Section

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

MY FIRST PLAYHOUSE PRESCHOOL LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000137813	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	
The new name must be distinguishable and contain the words "Limited Liab	ayons Preschool, LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12212 Fort King Rd Oxide City Ft 33525
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11946 Sw 25th Ct Miramar FL 33025
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 Rockstered Agent
Page 1 of 3

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
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			☐ Remove
•			☐ Change
			Add
		-	□ Remove
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			Change BY OF STATE Onange
			STATE ORIGINAL CONTROL

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Tective date, if other than an effective date is listed, the date. If the date inserted in the date inserted in the date on the date on the trecord specifies a detailed.	ate must be specific and this block does not n the Department of S	d cannot be prior to dat neet the applicable s state's records.	e of filing or more tha statutory filing requ	irements, this	iling.) Pursuant date will not b	e listed
The 90th day after the					,	- 1
		2016				
AUGUST 29		, 2016				
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AUGUST 29	Signature of a r	member or authorized	representative of a m	ember	2 TRIE -	_
AUGUST 29 SASHA MIRACO	_	member or authorized		ember	THE ADV	T =
ated	_	,,		ember	THE SEV - 7	77

Filing Fee: \$25.00