Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**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 ALL KIDS CARE OF ORANGE PARK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL KIDS CARE OF C	DRANGE PARK, ELC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000147052</u>	were filed on 08/27/2015 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
<u> </u>			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L L.C."		
Enter new principal offices address, if applicable:	8001 S US HWY 75.		
(Principal office address MUST BE A STREET ADDRESS)	Sherman, TX 75090		
	8001 S US HWY 75.		
Enter new mailing address, if applicable:	Sherman, TX 75090		
(Mailing address MAY BE A POST OFFICE BOX)	Sherman, CA 1897		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our records, enter the name of the ne		
New Registered Office Address:			
The transfer of the transfer o	EnterFloridustreetaddress 2		
	Florida Vin		
	City Zift Car		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	: performance of my duties, and I am familiaP with and provided for in Chapter 605, F.S. Or, if this document is		
If Cho	anging 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>	Name	Address	Type of Action
MGR	Carrie Moon	6621 Southpoint Dr. N., Ste. 120	
		Jacksonville, FL 32216	■ Remove
			Change
MGR	AOC Opco, LLC	8001 S US HWY 75.	
		Sherman, TX 75090	□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			
			□ Remove
			☐ Change

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DocuSign Envel	ope ID. 02FD6D77-D058-4F7B-BACE-FF11 norng any other miormation, ente	FEF02BF97 :r changers) here: (Attach additiona	al sheets, if necessary.)	
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(If an effi <u>Note:</u>	ve date, if other than the date of feetive date is listed, the date must be specific. If the date inserted in this block does lent's effective date on the Department.	c and cannot be prior to date of filing or more not meet the applicable statutory filing r	(optional) than 90 days after filing.) Pursuant to 60 requirements, this date will not be lis	5.0207 (3)(b) ted as the
If the rec (b) The	ord specifies a delayed effecti 90th day after the record is fil	ve date, but not an effective timed.	ne, at 12:01 a.m. on the earl	ier of:
Dated		2021	Anas	FIL
		Jessica Riggs of a member or authorized representative of		
	Signature	of a member of authorized representative of	a member FLORIT	•
		Jessien Riggs	ORIG ORIG	-
		Typed or printed name of signee	P	-

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Filing Fee: \$25.00