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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Head	Start Lenen,	ing Center LLC	
	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Chais	Weis's Name of Person	
		Name of Person	
	Hend Street	Leaening Center 2 Firm/Company	2022 DEC 27 AHTT: 09 SECTE LARKE ST. STANDARDS FALL AHASSLE FLORIDA O
		Firm/Company	HAS EC 2
	3940 NE S	agachill Auc Address	SEE. A
		Address	7 AH II: 05
	Jensen Be	Ach FL 3495; City/State and Zip Code	7 8 09
	01	City/State and Zip Code	
	Femail address:	@ Bellsonth. Ned	
For further information as		to be used for future attribual report notifi	cation)
	ncerning this matter, please co	all:	
Chars Le Name of	Jeiss	at 954-614	.5535
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Pec	□ \$30.00 Filing Fce & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Head Start Learning Con	ter LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on 9-25-2015 and assigned
Torida document number <u>L15000163350</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" of the above viation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	. 27 . 553
	ms a m
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addresent and/or the new registered office address here:	ss on our records, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	
Nove Designational ONE - Addition	
New Registered Office Address:	Enter Florida street address
	Tr): J
	Florida, Florida

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 th 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

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 **Type of Action** <u>Address</u> <u>Title</u> Name Jensen Beach F/ 34957 Remove AMBR NANCY Weiss □ Change \Box Add Remove Change _□ Remòve Change __ 🗆 Add □ Remove □Add _____ Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) I	Pursuant to 605.0
ote: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.		
current of choosing date on the proper aneat of State of		
record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. o	n the earliei
ted 12-21-22		
acd 12-21-22. Mgs		
Signature of a member or authorized representative of		