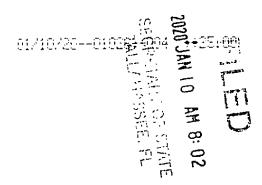
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Document Number)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
· CUD IF C		izon Early Learning Center			
SUBJECT: Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Tracy Monroe			
		<del></del>	Name of Person		
	Brighter Steps Early Learning Center				
	Firm/Company				
		5 SW 16th Terr			
Address					
	Ocala, FL 34475				
			City/State and Zip Code		
		ohamonroc@yahoo.com			
			to be used for future annual report no	otification)	
For furthe	r information e	oncerning this matter, please co	all:		
Tracy Monroe		352 286-8257 at (			
Name of Person			ime Telephone Number		
Enclosed	is a check for th	he following amount:			
<b>≘</b> \$25.0	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		Street Address: Registration S			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sright Horizons Early Learning Center LLC	Ammony as it now appears on our records \	
(A Florida Lir	Company as it now appears on our records.) inited Liability Company)	
The Articles of Organization for this Limited Liability Com Plorida document number L16000093741	ipany were filed on 05/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	FINILL
Brighter Steps Early Learning Center, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.Lie"
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	
		PA 0
		† <b>* 1</b>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	Florid	sa .
	Tiorid	Zin 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 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
			□Add
			Remove
			□Change
			□Add
			Sin 20 □ Remove  ALLAH
			O DANGE
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			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	mation, enter change(s) here: (Attach additional	
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<ul> <li>(If an effective date is listed, the date)</li> </ul>	the date of filing:	han 90 days after filing.) Pursuant to 605,0207 (3)(b
f the record specifies a delayed effect ecord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the	he earlier of: (b) The 90th day after the
Dated	2020	
MIX []		
D 100	Signature of a member or authorized representative of a	member
Tracy Monroe		

Typed or printed name of signee