

L16000 124 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

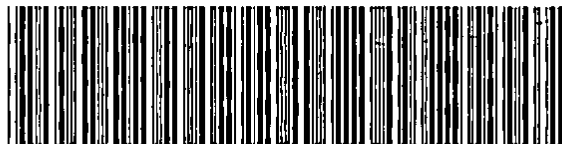
(Business Entity Name)

(Document Number)

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08/12/19--01018--015 **25.00

2019-12 PM 4:51

Amend

AUG 21 2019

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Menard Childcare LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fadia Menard

Name of Person

Menard Childcare LLC

Firm/Company

124 Ave E SE

Address

Winter Haven FL 33880

City/State and Zip Code

Fadia2013@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fadia Menard

Name of Person

at (813) 294-3233

Area Code

Daytime Telephone Number

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

Menard Childcare LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019-12-12 PM 4:5

The Articles of Organization for this Limited Liability Company were filed on 4-28-19 and assigned
Florida document number L16000124336

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

B. If amending the registered agent and/or registered office address on our records, enter the name
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Z

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
provisions of all statutes relative to the proper and complete performance of my duties, and I am fa
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, i
being filed to merely reflect a change in the registered office address, I hereby confirm that the lin
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of N

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>
Author ²⁰⁹ member	Dr. Balan, Jean Frizther	124 Ave G SE Winter Haven FL 33880	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Authorized member	Augustin Stephanie Abigail	2749 Rochelle Pk Winter Haven FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee