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(Requestor's Name) (Address)	800301108218
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	KUG 1 1 2017 L HARRIS
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COVER	LETTER

TO: Registration Section Division of Corporations

Hadley's Early Education, 1020 N. Kentucky Ave, Lakeland, FI 33805

SUBJECT: _

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2017 MGR' Frances Hadley HADLEY'S EARLY EDUCATIONAL PRESCHOOL LLC 1020 N KENTUCKY AVENUE LAKELAND, FL 33805

SUBJECT: HADLEY'S EARLY EDUCATIONAL PRESCHOOL LLC Ref. Number: L17000053517

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We have received your document for HADLEY'S EARLY EDUCATIONAL 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Name of business, document number and date filed are missing.

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.

Jenna D Harris Regulatory Specialist II ်း စာ ö Ľ L AUG U.) $\underline{\alpha}$

Letter Number: 317A00013878

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

	AMENDMENT O	
	ORGANIZATION	
()F	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Teschool LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $3-1-11$	and assigned
Florida document number170000 535 17.		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	<u>oility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		12.4
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		er the name of the new
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 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>	<u>Name</u>	Address Type of Act	
authorize MGR	Hadley's Education Family Childer Frances Haelley	2529 Timberereek Loop	🔜 Add
	1		Remove
			Change
			🗅 Add
			Change
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			Remove
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, D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 28.	2017	d representative of a member	MOR	2017 AUG	1
FRANCES HADLEY	MER		557	-7	
	Typed or printed na	me of signee		PH 12:	
	Page 3 o	of 3		0	

Filing Fee: \$25.00