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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: COVENAN	NT KIDS MANOR OF FLORIDA  Name of Limited I	Liability Company	
	, wante of Emiliar	Encounty Company	
The enclosed Articles of	Amendment and fee(s) are submitted	ed for filing.	
Please return all correspo	ondence concerning this matter to th	e following:	
	CYNTHIA M. WEBSTER		
Name of Person			<del></del>
	COVENANT KIDS MANOR O	OF FLORIDA	
		Firm/Company	
	9040 TOWN CENTER PARKS	WAY STE 200	~2
		Address	
	LAKEWOOD RANCH, FLOR	IDA 34202	2023 FEB -9
	Ci	ty/State and Zip Code	
	CYNTHIA@CKMFL.COM		
	E-mail address: (to be	used for future annual report noti	fication)
For further information of	oncerning this matter, please call:		, 😃
CYNTHIA M. WEBSTE	ER .	407 227-5403	
Name o	f Person		e Telephone Number
linclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	Certificate of Status	3\$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 S		Street Address: Registration Sec	ction
Division of C	' <del>a</del> '	Division of Cor	•
P.O. Box 632	, I	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### COVENANT KIDS MANOR OF FLORIDA

(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)		
(A Florida Limited	Liability Company)	202 S.E.	
The Articles of Organization for this Limited Liability Company	were filed on MAY 30, 2017	and assigned	
Florida document number L17000117709			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	04.6	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9040 TOWN CENTER PARKWAY STE 200		
(Principal office address MUST BE A STREET ADDRESS)	LAKEWOOD RANCH, FLORIE	DA 34202	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2831 SCENIC LANE KISSIMMEE, FLORIDA34744		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flori	ida	
<del></del>	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 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>	<b>Type of Action</b>
MGR	CYNTIIIA M. WEBSTER	2831 SCENIC LANE	
		KISSIMMEE, FLORIDA 34744	□Remove
			□ Change
AMBR	DOROTHY FOREMAN	6621 FEN RD	■ Add
		JACKSONVILLE, FLORIDA 32218	□Remove
			□ Change
MBR	SCOTT J. WEBSTER, CFO	707 EASTLAWN DRIVE	
		CELEBRATION, FLORIDA 34747	≣Remove
			□Change
			2023 Fib
			Remove
			Change
			□ Add
		<del></del> .	□Remove
			Change
			□ Add
			Remove
			□Change

Name and Florida street address of registered agent is:		
Cynthia M. Webster, 2831 Scenic Lane, Kissimmee. Florida 34	1744	
ARTICLE V		
The name and address of person(s) authorized to manage LLC:		
CEO, Cynthia M. Webster, 2831 Scenic Lane, Kissimmee, Flo	rida 34744	
ARTICLE III		
Our mission is to recruit, license, provide oversight of level II	foster parents withing contracted counties/region	ns
of Florida. CKMFL specializes in placement of sibling groups	and teenagers who are in foster care.	
	2023	
	-17 18	7 1
	6	
<del></del>		<del> ;</del>
	9:40	
		—
ive date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to dat  If the date inserted in this block does not meet the applicable s		

Dated
February 6

Signature of a member or authorized representative of a member

Cynthia M. Webster

Typed or printed name of signee