

L17 000 117709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

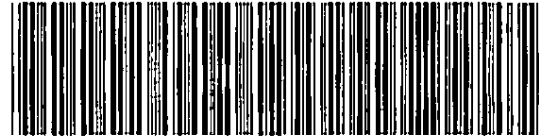
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED 02-11-10 10:01 AM 117709

2023 FEB -9 AM 9:39
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117709

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COVENANT KIDS MANOR OF FLORIDA

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:

CYNTHIA M. WEBSTER

Name of Person

COVENANT KIDS MANOR OF FLORIDA

Firm/Company

9040 TOWN CENTER PARKWAY STE 200

Address

LAKEWOOD RANCH, FLORIDA 34202

City/State and Zip Code

CYNTHIA@CKMFL.COM

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

For further information concerning this matter, please call:

CYNTHIA M. WEBSTER

407

227-5403

at ()

Name of Person

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)

(SENT
PRIOR)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|-----------------------------|--|
| MGR | CYNTHIA M. WEBSTER | 2831 SCENIC LANE | <input checked="" type="checkbox"/> Add |
| | | KISSIMMEE, FLORIDA 34744 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DOROTHY FOREMAN | 6621 FEN RD | <input checked="" type="checkbox"/> Add |
| | | JACKSONVILLE, FLORIDA 32218 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | SCOTT J. WEBSTER, CFO | 707 EASTLAWN DRIVE | <input type="checkbox"/> Add |
| | | CELEBRATION, FLORIDA 34747 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE IV

Name and Florida street address of registered agent is:

Cynthia M. Webster, 2831 Scenic Lane, Kissimmee, Florida 34744

ARTICLE V

The name and address of person(s) authorized to manage LLC:

CEO, Cynthia M. Webster, 2831 Scenic Lane, Kissimmee, Florida 34744

ARTICLE III

Our mission is to recruit, license, provide oversight of level II foster parents withing contracted counties/regions of Florida. CKMFL specializes in placement of sibling groups and teenagers who are in foster care.

2023-FEB-9 11:40
SECRET

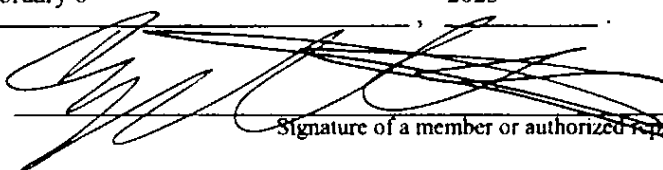
E. Effective date, if other than the date of filing: _____ (optional)

(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 February 6, 2023



Signature of a member or authorized representative of a member

Cynthia M. Webster

Typed or printed name of signee