

L17000124750

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

K SALY

AUG 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROYAL CROWN ACADEMY Preschool L.L.C
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:

YOLAINE AURELIEN
Name of Person

ROYAL CROWN ACADEMY Preschool L.L.C
Firm/Company

1650 MEDICAL LANE STE 1
Address

Fort MYERS, FL 33907
City/State and Zip Code

ROYALCROWNACADEMYLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLAINE AURELIEN at (239) 771-8045
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)

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

ROYAL CROWN ACADEMY PRESCHOOL LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 07, 2017 and assigned
Florida document number 117000124750.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

YOLAINE B AURELIEN

New Registered Office Address:

1650 MEDICAL LANE SUITE 1

Enter Florida street address

Lb. MYERS

City

Florida

33907

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.

[Signature]
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

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TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
AR	ESSIX ERNEISHA	1650 MEDICAL LANE	<input type="checkbox"/> Add
		STE 1	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FLORIDA 33907	<input type="checkbox"/> Change
AR	TEISHA ROBERTS DEAN	1650 MEDICAL LANE	<input checked="" type="checkbox"/> Add
		STE 1	<input type="checkbox"/> Remove
		FORT MYERS, FLORIDA 33907	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VOLAINNE L. BEAZER-AURELIEN	1650 MEDICAL LANE	<input checked="" type="checkbox"/> Add
		STE	<input type="checkbox"/> Remove
		FORT MYERS, FLORIDA FL 33907	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEAZER, JAZIAH	1650 MEDICAL LANE	<input type="checkbox"/> Add
		STE 1	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL 33907	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE REGISTERED AGENT TO YOLAINE BEAZER AURELIEN

REMOVED AR ESSIX ERNEISYA

ADD AR TEISHA ROBERTS DEAN

REMOVED MGR JAZIAH BEAZER

ADD MGR YOLAINE AURELIEN BEAZER

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TALLAHASSEE, FL 32309

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

8/17/2017

Signature of a member or authorized representative of a member

YOLAINE B AURELIEN

Typed or printed name of signer