

L17000124750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

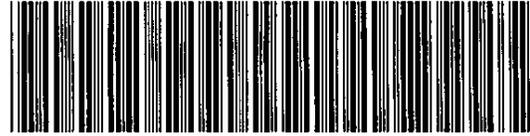
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 29 2017

J SHIVERS

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:

JAMES THOMAS
Name of Person
ROYAL CROWN ACADEMY PRESCHOOL L.L.C
Firm/Company
1650 MEDICAL LANE SUITE 1
Address
FORT MYERS ,FLORIDA 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:

JAMES THOMAS 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 L.L.C

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

The Articles of Organization for this Limited Liability Company were filed on 06/07/2017 and assigned Florida document number L17000124750.

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)

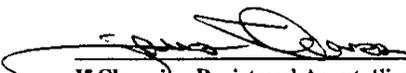
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JAMES THOMAS
New Registered Office Address: 1650 MEDICAL LANE SUITE 1
Enter Florida street address
FORT MYERS Florida 33901
City Zip Code

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AR	ROBERTS DEAN, TEISHA	1650 MEDICAL LANE	<input type="checkbox"/> Add
		SUITE 1	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL 33907	<input type="checkbox"/> Change
MGR	BEAZER-AURELIEN, YOLAINE	1650 MEDICAL LANE	<input type="checkbox"/> Add
		SUITE 1	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL 33907	<input type="checkbox"/> Change
MGR	JAMES THOMAS	1650 MEDICAL LANE	<input checked="" type="checkbox"/> Add
		SUITE 1	<input type="checkbox"/> Remove
		FORT MYERS, FL 33907	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REMOVE REGISTERD AGENT AURELIEN. YOLAINE B

ADD REGISTERD AGENT JAMES THOMAS

REMOVED AR ROBERTS DEAN, TEISHA

REMOVED MGR BEAZER-AURELIEN. YOLAINE L

ADD MGR JAMES THOMAS

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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 8/24 2017.



Signature of a member or authorized representative of a member

James Thomas

Typed or printed name of signee