

C17000 174784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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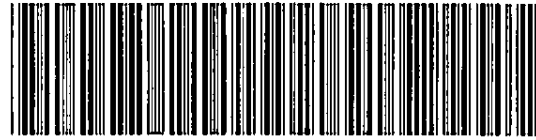
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BABYLAND BILINGUAL SCHOOL LLC

\_\_\_\_\_  
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:

CAROLINA MENEGHETTI

\_\_\_\_\_  
Name of Person

NETWORK FOR PRO LLC

\_\_\_\_\_  
Firm/Company

6220 S O RANGE BLOSSOM TRAIL SUITE 600

\_\_\_\_\_  
Address

ORLANDO, FL 32809 - US

\_\_\_\_\_  
City/State and Zip Code

SUPPORT@SAFETYTAX.COM

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

For further information concerning this matter, please call:

CAROLINA MENEGHETTI

407 888 4747

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)

**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**

BABYLAND BILINGUAL SCHOOL LLC

(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 08/14/2017 and assigned  
Florida document number L17000174384.

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:

5025 Old Howell Branch Rd.

(Principal office address MUST BE A STREET ADDRESS)

Winter Park, FL 32792

Enter new mailing address, if applicable:

5025 Old Howell Branch Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Winter Park, FL 32792

**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:

New Registered Office Address:

5025 Old Howell Branch Rd.

*Enter Florida street address*

Winter Park,

*City*

Florida

FL 32792

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tia Claudia Creche e Escola Ltda-M	RUA PROFESSOR JOAO BRASIL <input type="checkbox"/> Add	
		120/130, FONSEC <input type="checkbox"/> Remove	
		NITEROI, RJ 24210-390 BR <input type="checkbox"/> Change	
MGR	Maria Claudia Marques Sampaio	Avenida Almirante Benjamin Sodre <input type="checkbox"/> Add	
		Apt 502, <input type="checkbox"/> Remove	
		Boa Viagem,Niteroi, RJ.24210-390 <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	
		<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.)*

17 DEC 26 AM  
ST. LOUIS, MO  
FALL AIR ASSOCIATION

DEC 26 AM 7:45  
ST. LOUIS, MO.  
FBI

**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.

(b) The 90th day after the record is filed.

Dated December 18, 2017

Maralle Tompaio  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MARCELLE SILVA SAMPAIO

Typed or printed name of signee