117000197835

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500304248295

10/06/17--01018--017 **25.00

2017 OCT = 6 PH 3: 50

or og tall Rich

COVER LETTER

Div	vision of Cor	porations		
SUBJECT:	Kidd's Qua	lity Childcare Center, LLC.		A
ougisci.		Name of Lim	ited Liability Company	<u> </u>
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing	
			-	
Please return	n all correspo	indence concerning this matter	to the following:	
		Mildred A. Milton-Kidd		
			Name of Person	
		Kidd's Quality Childcare C	Center, LLC.	
			Firm/Company	
		165 Conquest Ave.		
			Address	
		Crestview, FL. 32536		
			City/State and Zip Code	
		kqccc@cox.net		
			to be used for future annual report notific	aution)
For further i	nformation c	oncerning this matter, please ca	all:	
Mildred Mi	lton-Kidd		251 656-5679 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 F	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)
		NG A PARAGO		

MAILING ADDRESS:

TO:

Registration Section

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

Kidd's Quality Childcare Center						
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on Liability Company)	our records,)			
he Articles of Organization for this Limited I lorida document number L17000197835	Liability Company	were filed on Septen	iber 25, 2017	aı	nd assiį	gned
nis amendment is submitted to amend the fol	lowing:					
. If amending name, enter the new name o	of the limited liab	ility company here:				
/A						
e new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviat	ion "1I.	.C "
nter new principal offices address, if appli	cable:	N/A		<u></u>		
rincipal office address MUST BE A STRE	ET ADDRESS)			Ī	22	
		· · · · · · · · · · · · · · · · · · ·			7 0	ربودسجه
						transur
ter new mailing address, if applicable:		N/A		• • • • • • • • • • • • • • • • • • • •	-6	4
ailing address MAY BE A POST OFFICE	E BOX)				72.	1.7.
				- 	ယ္	
					0	
If amending the registered agent and gistered agent and/or the new registered of Name of New Registered Agent:			r records, <u>ent</u>	er the n	ame o	of the I
tranic of New Negistered Agent.						
New Registered Office Address:	N/A	Enter Florida s	street address	<u>. </u>		<u> </u>
	N/A		, Florida	N/A		
		City	,		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>	Name	Address	Type of Action
MGR	Mildred A. Milton-Kidd	165 Conquest Ave. Crestview, FL.	Add
			☐ Remove
			Change
AMBER	Wayne K. Kidd		□ Add
			Remove
		165 Conquest Ave. Crestview, Fl	■ Change
			∩ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			
			Change France
		 	
			Change

· · · · · · · · · · · · · · · · · · ·		
		·
		
e: If the date inserted in this block does ument's effective date on the Department	tive date, but not an effective time, a	rements, this date will not be listed
ne 90th day after the record is t	2017	
the 90th day after the record is the set $\frac{2 \text{ October}}{\sqrt{3}}$	2017 Mithw-Weda	mber
ed 2 October Signature		mber CCT
the 90th day after the record is to $\frac{2 \text{ October}}{\sqrt{3}}$	2017 WHY — WHY re(of a prember or authorized representative of a me	2-6
ed 2 October Signature	2017 Mithw-Weda	27-6

Filing Fee: \$25.00