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SECRETARY ST STAIR

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co	Section Orporations	:			
SUBJECT:	DORAL SPRING	J PKESCHOOL D	460	•	
-	Name of Li	mited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing			
	ondence concerning this matte				
	Cheis l	Name of Person			
		Name of Person		_	
		Firm/Company	44	-	
	3940 NE	Sugachill Auc Address	-		
		Address		-	
	Jenson 1	Resch FL 34 City/State and Zip Code	957	282	
		City/State and Zip Code		2 D	
	Charmin	5) Bile . 16 1/c	4	芸芸	_
	E-mail address:	5) Bellsouth. Ne to be used for future annual report notifi	cation)	27 SSE	ĩ
For further information of	concerning this matter, please o		,	2022 DEC 27 AHII: 17 SECRETARY OF STARRAGE FLORIDA	ſ
Chais	Wass	954 614.	5535		Ì
Name o	f Person	at (954) 614. Area Code Daytime	Telephone Number	7	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &	□ \$60.00 Fil		
	our medic of Matus	Certified Copy (additional copy is enclosed)	Certified	te of Status & Copy copy is enclosed)	
Mailing Address		Street Address:			
Registration S Division of C		Registration Sect			
P.O. Box 632		Division of Corp	orations		
T.U. DOX 032	7	The Centre of Ta	liahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COM/ SPRINGS PRESHOOL 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 onand assigned
lorida document number 41800000 9972
his amendment is submitted to amend the following:
L. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City 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.

MGR = Manager AMBR = Authorized Mem Fitte Name IMBR NANCY		Address 3940 NE Sugar Jenson Beach FI	□ Remove
	Weiss	3940 NE SugAR. JENSON BEACH FI	A) Ave Add Add Add Add Add
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ffective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than sometimes. If the date inserted in this block does not meet the applicable statutory filing required for unperty effective date on the Donorth and State of State of the applicable statutory.	90 days after filing.) Purs ements, this date will:	mant to 605.02 not be listed
document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at	t 12:01 a.m. on t	he earlier
The 90th day after the record is filed.		ne carner
Dated		
Signature of a member or authorized representative of a mem		
ugh		