1180000 41260

(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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04/25/18--01015--017 **25.00

SECRETARY OF STATE

FILED



April 26, 2018

RAUL VARGAS 1718 CASSINGHAM CIRCLE OCOEE, FL 34761 US

SUBJECT: LET THE CHILDREN COME DAY CARE & LEARNING CENTER

"LLC"

Ref. Number: L18000041260

We have received your document for LET THE CHILDREN COME DAY CARE & LEARNING CENTER "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 818A00008637

COVER LETTER

,	LE	T THE CHILDREN COME	DAY CARE & LEARNING CENT	ER "LLC"		
SUBJECT:	Name of Limited Liability Company					
The enclosed Art	ticles of A	mendment and fee(s) are subt	nitted for filing.			
Please return all	correspond	lence concerning this matter t	to the following:			
			EDNA VARGAS			
			Name of Person			
		LET THE CHILDREN CO	ME DAY CARE AND LEARNING	G CENTER "LLC		
			Firm/Company			
		1718	CASSINGHAM CIRCLE			
			Address			
		,	OCOEE, FL 34761			
		<u></u>	City/State and Zip Code			
		Var 278 E-mail address: (t	o be ided for future annual report notifi	ication)		
For further inform	mation con	cerning this matter, please ca	ll:			
RAUL VARGAS 407 721-5300 at ()						
	Name of F	erson	Area Code Daytime	Telephone Number		
Enclosed is a che	eck for the	following amount:				
■ \$25.00 Filing	g 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 enclose		

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

LET THE CHILDREN COME DA					_
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appear Company)	s on our records.)		-
The Articles of Organization for this Limited I	` ^ `	il e d on	02/15/18	and a	ssigned
This amendment is submitted to amend the fol	,				
A. If amending name, enter the new name of	of the limited liability co	mpany ho	e <u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the d	esignation "LLC" or	the abbreviation '	L.L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u> </u>				
B. If amending the registered agent and registered agent and/or the new registered o		ddress on	our records, <u>e</u>		e of the n
Name of New Registered Agent:	EDNA M VARGAS			ASSE	
New Registered Office Address:	1718 CASSINGHAM			- FO - P	<u> </u>
	OCOEE	Enter Floi	rida street address	00 TO TO	O
	Cit		, Florid	a Zin Cox	

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.

f 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>	Type of Action
MGR	EDNA M VARGAS	1718 CASSINGHAM CIRCLE,	Add
			☐ Remove
			☐ Change
MGR	RAUL M VARGAS	1718 CASSINGHAM CIRCLE	Add
			■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
		 	☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

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ffective date, if other than the date of filing: 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		· · · · · · · · · · · · · · · · · · ·				ARY OF SSEEL FL	5 <u>F</u>
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ated				ot an effective t	ime, at 12:01	. a.m. on the ϵ	arlier of
Signature of a prember or authorized representative of a member	ated		<i>\$</i> <.	21/6			

Page 3 of 3

Filing Fee: \$25.00