

O SIMMONS
NOV 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First moments Home childcare 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:

Jeffrey Osborn
Name of Person

Firm/Company

6644 Landover circle
Address

Tallahassee FL 32317
City/State and Zip Code

Jo Osborn 2279@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Osborn at (850) 228 9091
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

First moments Homechildcare LLC

Page 1 of 3

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>
<u>MGR</u>	<u>Jeffrey Osborn</u>	<u>66 44 1 and over</u>	<input type="checkbox"/> Add
		<u>Circle Tallahassee FL 32317</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Gary Brodeur</u>	<u>66 44 1 and over</u>	<input checked="" type="checkbox"/> Add
		<u>Circle Tallahassee FL 32317</u>	<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

18 JUN 1971 PM 10:00

(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)

Dated 1.1/13/18, _____


Signature of a member or authorized representative of a member

Jeffrey Osborn
Typed or printed name of signee