

118000116877

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 11 AM 9:33

N COOPER

JUN 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kidz Korner Childcare & Learning Center 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:

April Williams

Name of Person

Kidz Korner Childcare & Learning Center LLC

Firm/Company

25 East 65th Street

Address

Jacksonville, FL 32208

City/State and Zip Code

kidzkornerlc@gmail.com

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

For further information concerning this matter, please call:

April N. Williams

Name of Person

904

316-6638

at (_____) _____

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**

Kidz Korner Childcare & Learning Center 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 5/9/2018 and assigned
Florida document number L18000116877.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
18 JUN 11 AM 9:33

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:

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.

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/AR	April Williams	11597 Sycamore Cove Lane	<input type="checkbox"/> Add
		Jacksonville, FL. 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Delores Williams	25 East 65th Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL. 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF DEFENSE
DIVISION OF COMPTROLLER

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated June 5, 2018

Helene Wellman
Signature of a member of

Signature of a member or authorized representative of a member

Delores Williams

Typed or printed name of signee

April Williams

April Williams