

L18000214560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

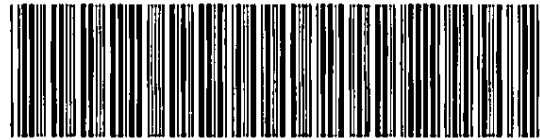
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000340896720

03/18/20--01024--021 \*\*35.00

FILED  
2020 FEB 18 AM 8:57  
STATE OF FLORIDA  
TALLAHASSEE, FL 32309

MAR 10 2020  
I ALBRITTON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Greystone 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:

Lanie Galasso

Name of Person

Firm/Company

5547 Cane Syrup Circle

Address

Pace, FL 32571

City/State and Zip Code

Lrgalasso@yahoo.com

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

For further information concerning this matter, please call:

Lanie Galasso

502

320-4884

at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2020 FEB 18 AM 8:57  
and assigned to  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Florida document number L18000214560

**A. If amending name, enter the new name of the limited liability company here:**

Pace, FL 32571

Pace, FL 32571

*Zip Code*

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[illegible]

(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 2/12/2020

Genn Galasso  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**