118000214560

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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COVER LETTER

TO: Registration of	n Section Corporations		
Greys	one Childcare LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	espondence 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 notifi	ication)
For further informati	on concerning this matter, please c	all:	
Lanie Galasso		502 320-4884	
Na	me of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee \$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 Ad	dress:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greystone Childcare LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L18000214560	were filed on 9/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4701 School LN.	
(Principal office address MUST BE A STREET ADDRESS)	Pace, FL 32571	
Enter new mailing address, if applicable:	4701 School LN.	
(Mailing address MAY BE A POST OFFICE BOX)	Pace, FL 32571	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, ent	er the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street add	tress
		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>	Name	Address	Type of Action
AMBR	Lanie Galasso	5547 Cane Syrup Circle Pace, FL 32571	□Add
			≣ Remove
			□Change
			🗆 Add
		 	□Remove
			Change
			□Add
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			□Remove
			□ Change

	·
Effec	tive date, if other than the date of filing: (optional)
(If an e	ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docur	nent's effective date on the Department of State's records.
	ord 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
ord is f	iled.
	2/12/2020
Dated	
	GOOTH HOLANSO
	Signature of a member or authorized representative of a member
	Lanie Galasso
	Typed or printed name of signee

Filing Fee: \$25.00