## 1190000 54 437

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
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Aniend

APR 2.5 Z019

I ALBRITTON

## **COVER LETTER**

TO:

	ation Sect n of Corpo			
SUBJECT:	Peau	Pe, of Min	d Childcare Sited Liability Company	<u>Service</u> S
The enclosed Art	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspone	dence concerning this matter	to the following:	
		Gloria	Mendez Name of Person	
		reace of	Mind Childcare Firm/Company	<u>Services</u>
		5000 Vic	etoria Parki	Drive 5206
		Davenpo	City/State and Zip Code	0
		Duanad G	to be used for future annual report notif	<u>indchibleareflican</u>
For further infor	mation con	icerning this matter, please ca	all:	
Gloria	Name of I	rendez Person	at (407) Log 4 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 enclosed)
9 77	Division P.O. Box Tallahass	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle



April 13, 2019

GLORIA MENDEZ 5000 VICTORIA PARK DRIVE APT. 5206 DAVENPORT, FL 33896

SUBJECT: PEACE OF MIND CHILDCARE SERVICES LLC

Ref. Number: L19000054437

We have received your document for PEACE OF MIND CHILDCARE SERVICES 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):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return 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) 245-6050.

Letter Number: 319A00007499

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of Comparations DO POV 6297 Tallahagas Florida 2221

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peace of Mid Chikke (Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) billity Company)	<u>,                                     </u>
The Articles of Organization for this Limited Liability Company w	ere filed on February 25, 20	019 and assigned
Florida document number <u>L\900054437</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		رع
	22	19.
		2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new
		DH KO
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florida	
Non-Davidsond Association (Cohomica Designation	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I further agi erformance of my duties, and I am t	ree to comply with the Camiliar with and
accept the obligations of my position as registered agent as pro	ovided for in Chapter 605, F.S. Or,	if this document is
being filed to merely reflect a change in the registered office ac	aaress, I hereby confirm that the lin	nited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGB	Jian Carlos Mendez	5000 Victoria Park Drive	X Add
		Apt # 5200 Davenport, FL	Remove
		33896	
MGR	Gloria Mendez	5000 Victoria Park Drive	DAdd
		Ap+ # 52010 Davenport, F	Remove
	33896	<u>U</u> Change	
	- <del></del>		
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The Amendment needed is an Agricle V.
to add in Juan Carros Mendez as MGR
and to change VP title to MGR for
Gara Mendez. Those are the only
Changes needed.
E. Effective date, if other than the date of filing: February 35,2019 (optional) (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) 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 April 2-2 . 2019.  Signature of a member or authorized representative of a member
- Gloria Merdez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00