

L19000172435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

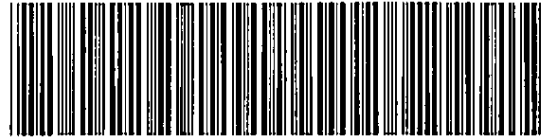
(Business Entity Name)

(Document Number)

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

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FILED  
2019 OCT 11 AM 8:15  
TALLAHASSEE, FL

OCT 30 2019  
C Kinsey

**LENORA DENISE EVERETT**

3008 N. JEFFERSON STREET

TAMPA, FL 33603

TELEPHONE: (813) 390-5055

E-mail: [leverett12@tampabay.rr.com](mailto:leverett12@tampabay.rr.com)

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October 8, 2019

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RE: NELSIE'S DAY CARE LEARNING CENTER, LLC**

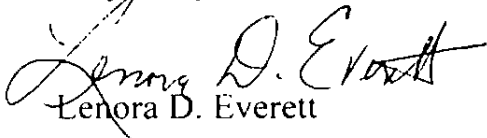
TO WHOM IT MAY CONCERN:

The enclosed Amendment of Articles of Organization and fee in the amount of sixty dollars (\$60.00) are submitted for filing and forwarding a Certificate of Status and Certified Copy to:

Lenora Denise Everett  
Nelsie's DayCare Learning Center, LLC  
2708 N. Boulevard  
Tampa, FL 33602  
Telephone: (813) ~~390-5055~~  
228-8718

Please note that this amendment is to correct the name of the LLC by placing an apostrophe s ('s) in the business name and replacing Calvin Coleman with Jessie Jordan Obanner as an authorized member.

Very Truly Yours

  
Lenora D. Everett

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NELSIE DAY CARE 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:

LENORA D. EVERETT

\_\_\_\_\_  
Name of Person

NELSIE'S DAY CARE LEARNING CENTER

\_\_\_\_\_  
Firm/Company

2708 NORTH BOULEVARD

\_\_\_\_\_  
Address

TAMPA, FLORIDA 33602

\_\_\_\_\_  
City/State and Zip Code

leverett12@tampabay.rr.com

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

For further information concerning this matter, please call:

LENORA D. EVERETT

813 228-8718

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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>
AMBR	CALVIN COLEMAN	12235 COTTONWOOD GROVE COURT	<input type="checkbox"/> Add
		SAN DIEGO, CA 92128	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESSIE JORDAN OBANNER	2704 N. BOULEVARD	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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

X Enora Denise Everett  
Signature of a member or author.

Signature of a member or authorized representative of a member

LENORA DENISE EVERETT

Typed or printed name of signee