

# L19000225215

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2019 DEC 11 PM 3:27

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2019 DEC 11 PM 3:13  
FILED

LLC  
Amend.

DC  
12/11/19

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** My Three Angel's Daycare 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:

Tamika Snipes

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

My Three Angel's Daycare LLC

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

2611 9th St E

\_\_\_\_\_  
Address

Bradenton, FL 34208

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

MyThreeAngels72@gmail.com

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

For further information concerning this matter, please call:

Tamika Snipes

941 840-4323  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

10  
**ARTICLES OF ORGANIZATION  
OF**

My Three Angel's Daycare 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 September 05, 2019 and assigned  
Florida document number 84-3137296.

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)**

2019 DEC 11 PM 3:27  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
REGISTRATION

**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:

Atasha Snipes

New Registered Office Address:

3119 54th Dr E Apt 103

*Enter Florida street address*

Bradenton

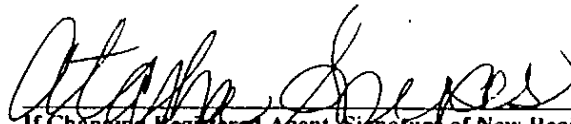
*City*

Florida 34203

*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	Tamika Snipes	5504 36th Ct E Apt 106	<input type="checkbox"/> Add
		Ellenton FL	<input checked="" type="checkbox"/> Remove
		34222	<input type="checkbox"/> Change
MGR	Atasha Snipes	3119 54th Dr E Apt 103	<input checked="" type="checkbox"/> Add
		Bradenton Fl 34203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated December 11, 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Tamika Snipe

Typed or printed name of signee