7/31/2021



Division of Corporations **Electronic Filing Cover Sheet**

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(((H210002912743)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BJASMINE'S LOVELY HANDS HOME DAYCARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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A. LUNT

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Corporate Filing Menu

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2021-08-05 11:17.16 PDT 8/4/2021 8:48:14 AM PAGE 1/001 Fax Server

LegalZoom.com, Inc

August 4, 2021

FLORIDA DEPARTMENT OF STATE

BJASMINE'S LOVELY HANDS HOME DAYCARE LLC 1218 JEWEL AVE. LAKELAND, FL 33805US

SUBJECT: BJASMINE'S LOVELY HANDS HOME DAYCARE LLC

REF: L21000270234

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6939.

Agnes Lunt Regulatory Specialist III

FAX Aud. #: H21000291274 Letter Number: 421A00018321 TO:

From: Laura Rodriguez

Registration Section

COVER LETTER

DIVISION OF COL	rporations			
	E'S LOVELY HANDS HOME	DAYCARE LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N Brand Blvd 11th Fl			
		Address		
	Glendale, CA 91203			
	····	City/State and Zip Code		
	jasminelandy123@gmail.co	m		
	E-mail address: (1	o be used for future annual re	port notification)	
For further information of	concerning this matter, please ca	H:		
Cheyenne Moseley		800 773-	-0888	_
Name c	of Person	at () Area Code	Daytime Telephone Number	_
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S	Status &
МАН	ANG ADDRESS:	STREET/	COURIER ADDRESS:	

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

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

Page: 5 of 7

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.21000270234}{1.21000270234}$. This amendment is submitted to amend the following:	ry were filed on <u>06/</u>	and assigned SECRETARY OF COR
A. If amending name, enter the new name of the limited liz		e: KETAFI
Jasmine's Lovely Hands Home Daycare LLC		7 0000
Jasmine's Lovely Hands Home Daycare LLC The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the de	signation "LLC" or the abbreviation "C." 2 (s)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	office address on	our records, enter the name of the ne
registered agent and/or the new registered office address ha	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	la street address
		Florida
	Спу	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officers.	te performance of r s provided for in C	ny duties, and Lam familiar with and hapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
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			Change
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			□ Remove
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sted 13th 2021 Spenature of a rogetiber of authorised representative of a regulative of a regu	
Josmine Landy	

Page 3 of 3

Filing Fee: \$25.00