

121 000285894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

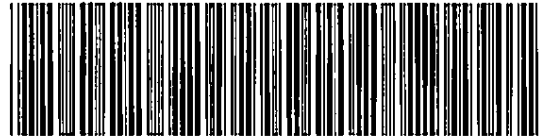
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Village Child Care Center

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelby Braddy

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

The Village Child Care Center

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

22481 Westchester blvd B9 B35

\_\_\_\_\_  
Address

Port Charlotte FL 33980

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

theV3c@gmail.com

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

For further information concerning this matter, please call:

Shelby Braddy

407 979 - 5965

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shaylaa Mobley	22481 Westchester blvd B9 B35	<input type="checkbox"/> Add
		Port Charlotte Fl 33980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Isis Marion	22481 Westchester blvd B9 B35	<input type="checkbox"/> Add
		Port Charlotte Fl 33980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Danielle Hamilton	22481 Westchester blvd B9 B35	<input type="checkbox"/> Add
		Port Charlotte Fl 33980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Siearra Garcia	22481 Westchester blvd B9 B35	<input type="checkbox"/> Add
		Port Charlotte Fl 33980	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 are no margins, text, or other markings on the paper.

(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 September 10 2021

Signature of a member or authorize

Signature of a member or authorized representative of a member

Shelby Braddy

Typed or printed name of signee

**Filing Fee: \$25.00**