

10/11/21, 3:38 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

FILED  
SECRETARY OF CORPORATION  
OCT 11 AM 10:17

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000379570 3)))



H210003795703ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : MOORE & MENKHAUS, P.A.  
Account Number : I20000000087  
Phone : (561)394-7910  
Fax Number : (561)393-6541

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

Email Address: debrenken.dr@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LAKEWOOD RANCH EARLY LEARNING CENTER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

OCT 12 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LAKEWOOD RANCH EARLY LEARNING CENTER, LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 OCT 11 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 7/29/2021 and assigned  
Florida document number 1.21000343669

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)

9135 LAKE WORTH ROAD

LAKE WORTH, FL 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9135 LAKE WORTH ROAD

LAKE WORTH, FL 33467

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

((( H21000379570 3 )))

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

(( H21000379570 3 )))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/VP	Destiny Walinski-Wilson	9135 LAKE WORTH ROAD	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEBORA K. RENKEN	1140 BOXWOOD DRIVE #103	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(( H21000379570 3 )))

((( H21000379570 3 )))

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

FILED  
2021 OCT 11 AM 10:17SECRETARY OF STATE  
DIVISION OF CORPORATIONS


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 OCTOBER 11

2021

  
Signature of a member or authorized representative of a member

DEBORA K. RENKEN, REGISTERED AGENT / AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

((( H21000379570 3 )))

Filing Fee: \$25.00