## 121000517090

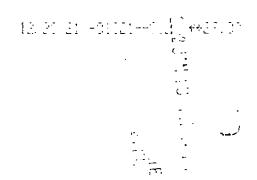
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-I	UP WAIT MAIL
	(Business Entity Name)
<u></u>	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer: On 1/20/22 Ms. Freeman gave me Permission to add the Suffix "LLC" on her new amending name. As 8:06a.m. Received by email 1/18/22 AB

Office Use Only



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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
GOD LITT	LE SOLDIER DAYCARE LL	С	
SUBJECT:	Name of Lim	ited Liability Company	
		(m. 1 C G);	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Janette Freeman		
		Name of Person	·
	God Little Soldier Daycare	LLC	
		Firm/Company	
	11850 Poydras Lane		
		Address	
	Jacksonville Florida 3221	8	
		City/State and Zip Code	
	patr806@att.net	to be used for future annual report	notification)
For further information c	oncerning this matter, please co		,
Janette Freeman		904 904 696	8926
	f Person	at ()	ytime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address Registration	Section
Division of C	orporations	Division of 0	Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOD LITTLE SOLDIER DAYCARE LLC		,
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as It now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on DECEM	BER 07, 2021 and assigned
Florida document number L21000517090	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
FREEMAN FAMILY DAYCARE HOME LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet uddress
		. Florida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered	i 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>	Name	<u>Address</u>	Type of Action
AMBR	Janette Freeman	11850 Poydras Lane	<b>∃</b> Add
			□Remove
			☐ Change
·			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			OAdd
			□Remove
			☐ Change

If amending any (	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
***************************************	
<del></del>	
Note: If the date in	other than the date of filing:
he record specifies a ord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Area	Signature of a member or authorized representative of a member
· · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized representative of a member
Janette F	1
	Typed or printed name of signee

Filing Fee: \$25.00