

L22000279242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

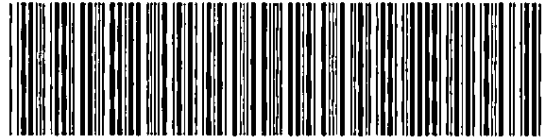
(Document Number)

Certified Copies _____

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700398560527

FILED

2022 DEC -5 AM 10:12

CLERK OF DISTRICT COURT
TALLAHASSEE, FLA.

12/05/22 700398560527 \$25.00

2022 DEC -5 AM 9:59

A. BUTLER

DEC - 5 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE STATE LEARNING AND CARE FACILITY CENTER
Name of Limited Liability Company LLC

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

Please return all correspondence concerning this matter to the following:

Cathy Mcmullen-King
Name of Person

Sunshine State Learning and Care Facility Center
Firm/Company LLC

1914 W. King St.
Address

Quincy FL 32351
City/State and Zip Code

Brighteyescmk013@gmail.com
Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy McMullen-King at (850) 294-5713
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION FILED
OF

2022 DEC -5 AM 10:13

SUNSHINE STATE LEARNING AND CARE FACILITY
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ALLA STATE CENTER, LLC

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

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) _____

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

_____, Florida _____

City

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>
AMBR	Veronica Davis		<input type="checkbox"/> Add
		3215 3215 Solomon Daryl Rd. Quincy Fl. 32352 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kreshawn Shaw	9417 Barwick D Tallahassee FL 32305 UN	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Henry King	1914 W. King St. Quincy, Fl. 32351 UN	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ronald Gordon	279 Charlie Harris Loop Quincy Fl. 32352 UN	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/CEO	Owner operator	Cathy Mcmullen-King 1914 W. King St.  Quincy Fl. 32351	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Gathy M. E. M. King
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Cathy McMullen-King
Typed or printed name of signer

Typed or printed name of signee