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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

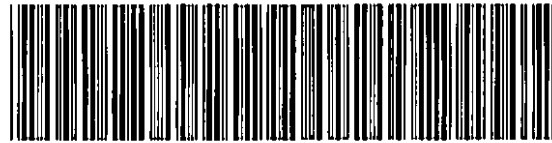
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V.U.

FILED
2023 APR 17 AM 8:18
CLERK OF DISTRICT COURT
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2023

LAKEISHA ALLEN
133 SOUTH ORANGE AVE
ARCADIA, FL 34266 US

SUBJECT: ALLEN'S FAMILY DAYCARE HOME LLC
Ref. Number: L22000288818

RECEIVED
2023 APR 17 PM 3:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 123A00003925

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allen's Family Daycare Home LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Lakeshia Allen
Name of Person

Allen's Family Daycare Home LLC
Firm/Company

120 Lincoln Ave
Address

Arcadia, FL 34266
City/State and Zip Code

lallen402@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lakeshia Allen at (863) 812-1126
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
OF**

Allen's Family Daycare Home LLC

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

The Articles of Organization for this Limited Liability Company were filed on 6-27-2022 and assigned
Florida document number 1.22000288818

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Allen's Family Daycare LLC

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)

133 South Orange Ave

Arcadia, FL 34266

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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:

Lakeshia Allen

New Registered Office Address:

133 S Orange Ave

Enter Florida street address

Arcadia

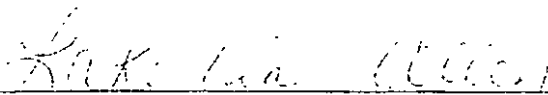
Florida 34266

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

AMBR = Authorized Member

[illegible]

[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.

Dated April 14, 2023.

Lakeshia Allen

Signature of a member or authorized representative of a member

Lakeshia Allen

Typed or printed name of signee

Filing Fee: \$25.00