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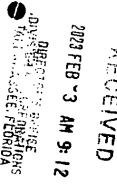
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Denmark's Family Home Childcare 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:
Va Deceia Denmark Name of Person
Firm/Company
106 Sunflower Rd
Tallahassee Fl 32305 City/State and Zip Code
Va deceja _ den marke yahoo, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Va Deceia Denmark at (850) 879-1706 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILED

Den marks Fami	ly Home Childcare LLC y at it now appears on our records.) The state of the state
	,
This amendment is submitted to amend the following:	Name of the Limited Liability Company of it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Lia
A. If amending name, enter the new name of the limited liabil	lity company here:
Den mark's Family Home, LLC The new name must be distinguishable and contain the words "Limited Liability"	ty 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)	106 Sunflower Rd Tallahassee, Fl 32305
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strut addrzes
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•

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>	Type of Action
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			□Remove
			□Change
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ective date, if oth	ner than the date of filied, the date must be specific a	ing:	e of filing or more than 90 da	(optional) avs after filing.) Pursuant i	to 605.0207 (
e: If the date inse	rted in this block does not date on the Department of	t meet the applicable :	statutory filing requireme	nts, this date will not b	e listed as t
	layed effective date, but n	ot an effective time,	at 12:01 a.m. on the earlie	er of: (b) The 90th day	after the
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Filing Fee: \$25.00