

L 22 000 322 886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

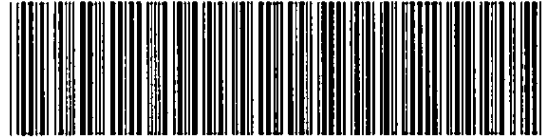
(Business Entity Name)

(Document Number)

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2023 JUN -3 PM 9:33

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEARNING STARS 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:

SHICARRA WILLIAM

\_\_\_\_\_  
Name of Person

LEARNING STARS CHILDCARE LLC

\_\_\_\_\_  
Firm/Company

642 PONDEROSA DR W

\_\_\_\_\_  
Address

LAKELAND FL 33810

\_\_\_\_\_  
City/State and Zip Code

LSCHILDCARE22@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHICARRA WILLIAM

863 913-4209

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

2023 JUL -3 PM 04:03

**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>                      |
|--------------|--------------------|--------------------|--|
| MGR          | HERVENS SAINVIL SR | 642 PONDEROSA DR W | <input type="checkbox"/> Add               |
|              |                    | LAKELAND FL 33810  | <input checked="" type="checkbox"/> Remove |
|              |                    |                    | <input type="checkbox"/> Change            |
| MGR          | SHICARRA WILLIAM   | 642 PONDEROSA DR W | <input checked="" type="checkbox"/> Add    |
|              |                    | LAKELAND FL 33810  | <input type="checkbox"/> Remove            |
|              |                    | 642 PONDEROSA DR W | <input type="checkbox"/> Change            |
| AMBR         | SHICARRA WILLIAM   | LAKELAND FL 33810  | <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            |
|              |                    |                    | <input type="checkbox"/> Add               |
|              |                    |                    | <input type="checkbox"/> Remove            |
|              |                    |                    | <input type="checkbox"/> Change            |
|              |                    |                    | <input type="checkbox"/> Add               |
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|              |                    |                    | <input type="checkbox"/> Change            |

2003 JUN -5 PM 4:53

**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.

Dated DECEMBER 28 1971

Shirley M. L.

Signature of a member or authorized representative of a member

Shicarra William

Typed or printed name of signee