L23 000 230 252

(Re	equestor's Name)	
(Ad	ldress)	
(110		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
(,,	,
PICK-UP	☐ WAIT	MAIL
<u> </u>	cinese Entity New	
UBI)	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
ocitifica dopies	_ Certificates	Or Otatus
Special Instructions to	Filina Officer	
•	J	

Office Use Only



600430644216

06/04/24--01926--010 **25.00



COVER LETTER

TO: * Registration Section

Division of Co	rporations		
Apple Tree	e Kids Family Childcare, LLC		
SUBJECT:	e Kids Family Childcare, LLC Name of Lir	mted Liability Company	
The enclosed Articles of	Amendment and feets) are sui	bmitted for filing.	
Please return all correspond	ondence concerning this matter	r to the following:	
	Maria Pitts		
		Name of Person	
		Firm/Company	
	1882 SW Bellevue Ave		
		Address	
	Port Saint Lucie, FL 3495	3	
		City/State and Zip Code	
	creativecrayonplaycare@gr	mail.com (to be used for future annual report no	(fication)
For further information c	concerning this matter, please c		
Maria Pius		954 471-1018	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apple Tree Kids Family Childcare, LLC		
(A Florida Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/09/2023</u>	and assigned
Florida document number L23000230252		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
Creative Crayon Playcare, LLC		T' · · · 2
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or th	e abbreviation "L.f. C."
Enter new principal offices address, if applicable:	1882 SW Bellevue Ave	
(Principal office address MUST BE A STREET ADDRESS)	Port Saint Lucie, FL 34953	2 - 5
		30
Enter new mailing address, if applicable:	1882 SW Bellevue Ave	5: 19
(Mailing address MAY BE A POST OFFICE BON)	Port Saint Lucie, FL 34953	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the n	ame of the new registere
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

Thereby 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			☐Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
•	
(It an effect <u>Note:</u> If	date, if other than the date of filing:
If the record's record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	/13/2024
	Signature of a member or authorized representative of a member
	Maria Pitts
	Typed or printed name of signee

Filing Fee: \$25.00