L24000316072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/23/24

# *Sunshine State Corporate Compliance Company*

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

(850) 656-4724

DATE 07/23/2024

****WALK IN****

**ENTITY NAME** Gifted Touch and Care LLC

**DOCUMENT NUMBER** _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXX *Plain Copy*

_____ *Certified Copy*

_____ *Certificate of Status*

_____ _____

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LAHASSEE, FL

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ *Certified Copy of Arts & Amendments*

_____ *Certificate of Good Standing*

_____ _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

*COUNTRY OF DESTINATION* _____

*NUMBER OF CERTIFICATES REQUESTED* _____

**TOTAL OWED** $25

ACCOUNT #: I20160000072

*Please call Tina at the above number for any issues or concerns.* ***Thank you*** *so much!*

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gifted Touch Child Care LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Manning
Name of Person

221 Ivy Street
Address

Macclenny, FL 32063
City, State and Zip Code

Jennifer.fcd5e76@gmail.com
Email address to be used for future annual report notification

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Jennifer Manning
Name of Person

at 904 + 207-2162
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

Gifted Touch and Care LLC

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

The Articles of Organization for this Limited Liability Company were filed on 7/17/24 and assigned Florida document number L24000310072.

This amendment is submitted to amend the following:

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

Gifted Touch LLC

The new name must be distinguishable and contain the words "Limited Liability Company" or designation "LLC" or "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)***

14032 Friendship Place
Sodus, FL 32081

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**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: ---

---, Florida

---

**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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | |

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D. If amending any other information, enter changed text:

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E. Effective date, if other than the date of filing: 7/22/24 (optional)

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.

If the record specifies a delayed effective date but no an effective time, at 12:01 a.m. on the earlier of the

record is filed.

Dated July 22, 2024

Signature of a member or authorized representative of the LLC

Jennifer Manning

Typed or printed name of signee

Filing Fee: $25.00