



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/03/2004	200412402750	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

A CHILD'S WAITING  
3490 RIDGEWOOD RD.  
AKRON, OH 44333

**STATE OF OHIO**  
**CERTIFICATE**  
**Ohio Secretary of State, J. Kenneth Blackwell**

1146655

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**A CHILD'S WAITING FOSTER CARE AND ADOPTION PROGRAM, L.L.C.**

and, that said business records show the filing and recording of:

Document(s)

**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):

**200412402750**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 3rd day of May, A.D.  
2004.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

Expedite this Form: (Select One)

☒ YesPO Box 1390  
Columbus, OH 43216

\*\*\* Requires an additional fee of \$100 \*\*\*

☐ NoPO Box 1028  
Columbus, OH 43216**Limited Liability Company Certificate of  
Amendment / Restatement / Correction**

(Domestic or Foreign)

Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)****(1) Domestic Limited Liability Company**☒ Amendment (129-LAM)☐ Restatement (142-LRA)

January 25, 2000

(Date of Organization)

**(2) Foreign Limited Liability Company**☐ Correction (135-LFC)

(Home State)

(Qualifying in Ohio on MM/DD/YY)

The undersigned authorized representative of

A Child's Waiting, LLC

1146655

(Name)

(Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☒ Amend ☐ Restate ☐ Correct the following:

RECEIVED

MAY 03 2004

J. KENNETH BLACKWELL  
SECRETARY OF STATE

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed.

If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

**FIRST:** The name of said limited liability company shall be:

A Child's Waiting Foster Care and Adoption Program, L.L.C.

(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

**SECOND: (OPTIONAL)** This limited liability company shall exist for a period of \_\_\_\_\_**THIRD:** The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is **(OPTIONAL)** :

3490 Ridgewood Rd.

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

Akron

(city, township, or village)

Ohio

(state)

44333

(zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.**FOURTH: Purpose (OPTIONAL)**

**Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent**

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City, village or township)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or
- C. the limited liability company's registration to do business in Ohio expires or is cancelled

**REQUIRED**

Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

*Cissy Kolarik, member*

Authorized Representative

*Cissy Kolarik, member*

(Print Name)

*4-30-04*

Date

*J. Marand*

Authorized Representative

*Jennife Marand, member*

(Print Name)

*4-30-04*

Date

Authorized Representative

(Print Name)

Date