## 118000 286477

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000342155410

03/18/20 -- 01015 -- 000 -- \*\*25.00

SHORE OF STATE OF CORNTIONS

1 mand

APR 0.3 2020 D CUSHING

## COVER LETTER

TO: Registration S Division of Co				
A	ds Academy J.M.K.A., LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del>.</del>	
	Amendment and fee(s) are sub	_		
Please return all correspondence	ondence concerning this matter	to the following:		
	Andreal Johnson			
		Name of Person		
	Just My Kids Academy			
		Firm/Company		
	11510 NW 17 AVE			
		Address		
	Miami, Florida 33167			
		City/State and Zip Code		
	justmykidsacadeemy@gma	il.com to be used for future annual report	matification)	
For further information of	concerning this matter, please c	·	notification)	2 11
Andreal Johnson		305 417-254	5	20 部
Name o	of Person		ytime Telephone Number	
Enclosed is a check for the	he following amount:			် ငွေ့တွ
■ \$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

Just My Kids Academy J.M.K.A., LLC		
( <u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on o la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability ( Florida document number L18000286472	Company were filed on 12-13-2	018 and assigned
	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ოე ე.მ. ერ (გე
		in G
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ls, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	eet address
	0	, Florida
	City	Zip Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or rems-ed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Efrem V. Gilliam	6629 Ficus Drive Miramar, FL. 33023	<b>≣</b> ∧dd
			□Remove
			Change
			□Remove
			□Change
			□Add
			[]Remove
			□Change
			□Add
			Remove
			□Change
		N-100	□Add
		<del></del>	Remove
			□ Change
		<u> </u>	□Add
			□Remove
			□Change

$\cdot$
<del></del>

Filing Fee: \$25.00