L20000130156

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Registration Section
Division of Corporations

TO:

	S DAYCARE LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Boodwatie Dharamdas				
		Name of Person			
		Firm/Company			
	8101 NW 74TH TERRAC				
		Address			
	TAMARAC, FL 33321				
		City/State and Zip Code			
	nddharamdas@yahoo.com	to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c				
Boodwatie Dharamdas		954 681-2270 at ()			
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
S \$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		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee,			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF		Γ		
TO ARTICLES OF ORGANIZATION OF				
MONICA'S DAYCARE LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on	our records.)	~ _{1/2}	
(A Florida Limited	Liaotiity Company)		ري. ج	
The Articles of Organization for this Limited Liability Company	y were filed on 5/13/2	020	and assigned	
lorida document number L20000130156			•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
Monica Daycare LLC				
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	nation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8101 NW 74TH TERRACE		**************************************	
Principal office address MUST BE A STREET ADDRESS)	TAMARAC, FL 33	321		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	8101 NW 74TH TE TAMARAC, FL 33 address on our reco	321	ame of the new registered	
Name of New Registered Agent:	<u> </u>		· · · · · ·	
New Registered Office Address:				
	Enter Florida s	street address	<u> </u>	
		, Florida		
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	::			
hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this cape e performance of my provided for in Chap	duties, and I an oter 605, F.S. O	n familiar with and r, if this document is	
If Cha	inging Registered Agent,	Signature of New I	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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		-	□Add
			Remove
			□Change
			□Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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			40-18-311-0
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Note: If the date inserted in th	must be specific and cannot be prior (to date of filing or more than 90 able statutory filing requires	(optional) Odays after filing.) Pursuant to 605.0207 ments, this date will not be listed as
ne record specifies a delayed effeord is filed.	ctive date, but not an effective tir	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated	. 2020	_·	
<u> Boodu</u>	2020 Dati E Dharam Signature of a member or author	rized representative of a memi	per
Boodwatie Dharam	las	anco representative et a filefil	~
	Typed or printe	d name of signee	

Filing Fee: \$25.00