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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Play and Care Services, LUC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria Antunez Name of Person
Play and Care Services, LLC Firm/Company
13014 N Dale Mabry Hwy #751
Tampa, FL, 33618 City/State and Zip Code maria D 8 and rea @ hotmail. com E-mail address: (to be used for future annual report notification)
maria O 8 andrea @ hotmail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Maria Antunez at (813), 407 - 9082 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X \$25.00 Filing Fee
Mailing Address: Registration Section Registration Section District of Comparations
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Play and Cale S (Name of the Limited Liability Compan (A Florida Limited Li	pervices, LLC 2025	MAY 19 PM 4: NR
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as if now appears on our records.) ability Company)	1 2 77 4 75
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L2100049}$	vere filed on $\frac{O}{Z}$ $\frac{27}{202}$	and assigned Fi
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The Growth Nest, LI	LC	
The new name must be distinguishable and contain the words "Limited Liability		
Enter new principal offices address, if applicable:	13014 N Dale Mabr	3 HW 4 70
(Principal office address MUST BE A STREET ADDRESS)	tampa, FL, 33618	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13014 N Dale Mab tampa, FL, 33618	ry Hwy #751
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zin Cade
	Cny	zaji vitac

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 removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of fil an effective date is listed, the date must be specific fote: If the date inserted in this block does no ocument's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0 of meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but I is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ated May 14	2025
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