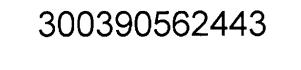
L22000 16161

	(Requestor's Name)
	(Address)
·	(Address)
_	(City/State/Zip/Phone #)
PICK-UF	MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	J. HORNE
	AUG 1 6 2022

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RECEDENTS AHII: 0

COVER LETTER .

Tallahassee, FL 32314

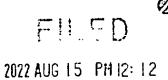
TO:	Registration Se Division of Cor			
cun ic		PS DAYCARE, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jamilyha Simpkins		
			Name of Person	
			Firm/Company	
		5245 Montejo Dr		
			Address	
		Tallahassee, FL 32305		
		tharry2020@gmail.com	City/State and Zip Code	
Directions	ur information o	E-mail address: (oncerning this matter, please co	to be used for future annual repor	t notification)
	a Simpkins	oncerning this matter, prease ea	850 418-951	37
		f Person	at ()	aytime Telephone Number
Enclosed	d is a check for the	ne 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 Addres		Street Addres	
	Registration 5		Registration	
	Division of C P.O. Box 632			Corporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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



TINY STEPS DAYCARE, LLC

SECRETARY OF THE TALL AHASSEE.

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

The Articles of Organization for this Limited Liability Compa	any were filed on 02/16/2022	and assigned
Florida document number L22000076761		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
TINY STEPS HOME DAYCARE, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation	"LLC" or the abbreviation "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)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records,	enter the name of the new registered
New Registered Office Address:		
The typical of the fled too.	Enter Florida street	address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duti as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Change
			□Add
			□Remove
			□Change
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ın effe ote:	ve date, if other than the date of filing: 08/15/2022 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecor is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	August 15-2022.
ated	/ 1 ×
ated ,	Jamho de
ated	AUQUST 15-2027 Signature of a member or authorized representative of a member

Filing Fee: \$25.00