

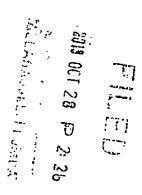
(Rec	questor's Name)	
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COVER LETTER

	porations		
MY FIRST SUBJECT:	PLACE CHILDCARE LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	VERONICA FORERO		
		Name of Person	
	MY FIRST PLACE CHILE	DCARE LLC	
		Firm/Company	
	1249 SW SANTIAGO AVI	E	
		Address	
	PORT ST LUCIE, FL 3495	3	
	Myfirstoloc E-mail address: (b	City/State and Zip Code Lede Jezre & Gn 24 o be used for future annual report notif	L. ear
or further information co	oncerning this matter, please ca		
VERONICA FORERO	Montine I	at (<u>772</u>) <u>871 64.</u> Area Code Daytime	59
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY FIRST PLACE CHILDCARE LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
of Organization for this Limited Liability Company were filed on 01/11/2008

The Articles of Organization for this Limited Liab	oility Company v	vere filed on 01/11/26	800	ar	nd assigned
Florida document number L08000003713	·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ie limited liabil</u>	ity company here:			·
MY FIRST PLACE ACADEMY LLC				ra	
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designa	ition "LLC" or		on T.L.C.
Enter new principal offices address, if applicab	le:	1249 SW SANTIAGO	O AVE	OCT	۹ 78 میر ۱۹۹۱ معمل
Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRESS)		PORT ST LUCIE, FL	. 34953 🖟	28	· · · · · · · · · · · · · · · · · · ·
			;; ;;	75	1 1 1 y
				41	
Enter new mailing address, if applicable:		1249 SW SANTIAGO	O AVE	- m	
(Mailing address MAY BE A POST OFFICE BOX)		PORT ST LUCIE, FL	34953	;· 	
B. If amending the registered agent and/or registered agent and/or the new registered offic	¢, *		records, <u>s</u>	enter the n	ame of the new
Name of New Registered Agent:	VERONICA FO	RERO			
New Registered Office Address:	1249 SW SANTI	AGO AVE			
		Enter Florida sti	reet address		
	PORT ST LUCIE	3	, Floric	da <u>34953</u>	
		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.

f Changing Registered Agent, Signature of New 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 = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		·	
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	10/23/2019	,	
(If an effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0 tutory filing requirements, this date will not be listed)207 (3) d as the
the record specifies a delayed e b) The 90th day after the record	effective date, but not an e d is filed.	ffective time, at 12:01 a.m. on the earlier	r of:
Dated OCTOBER 23	2013		
	<u> </u>		

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Typed or printed name of signee

Filing Fee: \$25.00