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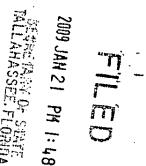
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer					
JAN 2 2 2008					
EXAMINER					

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01/20/09--01020--004 **25.00



COVER LETTER

TO: Registration Section ' Division of Corporations								
SUBJECT: The Monkey Playhouse For Kids UC (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:								
Judith Amico (Name of Person)								
Monkey Playhouse (Firm/Conhpany)								
728 Pine Island Rd SW Ste 15 2 2	Januar T							
Cape Coral PL 33991 75 3 m								
For further information concerning this matter, please call:								
Judith Ami (a) at (239) 458-1166 (Name of Person) (Area Code & Daytime Telephone Number)								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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.

(A	Florida Limited Li	ability Company)	,	•		
The Articles of Organization for this Limited L		were filed on(o-05-20	208 a	nd assig	ned
Florida document number						
This amendment is submitted to amend the follo	owing:			WILL.	2009 J	
A. If amending name, enter the new name of the limited liability company here:						
				SSE SEC	21	12700000
The new name must be distinguishable and end wit "L.L.C."	th the words "Limite	d Liability Compan	y," the designation	n "LLC" c	r the abb	reviation
					-	
Enter new principal offices address, if applic				- Zulu	<u>0</u>	
(Principal office address MUST BE A STREE	T ADDRESS)			·		
			<u></u>			
Enter new mailing address, if applicable:		Monkou	Plauho	11.50		
(Mailing address MAY BE A POST OFFICE	ROX)	728 B	ing Wan	A RA	JSWS	+15
	<u> </u>	- Cape Co	ral, FL	33	399 i	<u> </u>
B. If amending the registered agent and/or the new registered of	or registered offi fice address here:	ce address on ou	r records, <u>ente</u>	r the na	me of t	the new
Name of New Registered Agent:	Judith	L. A	mico	·		
New Registered Office Address:	728	Pine 15	and Rd er Florida street	address)	Ste	15
	Cape C	oral	, Florida		9 [code)	
New Registered Agent's Signature, if changing R	Registered Agent:	(0.0)		(24	Coue	
I hereby accept the appointment as registered the provisions of all statutes relative to the pl accept the obligations of my position as regis being filed to merely reflect a change in the r	roper and comple stered agent as pr registered office a	te performance of ovided for in Cha	fmy duties, and pter 608, F.S. C	I am fan Or, if this	niliar wi doc <mark>um</mark> e	ith and e <mark>nt</mark> is

Page Jof 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Barbara A. Hoss	2828 5 35th Street Cape Coral, FL 33914	Add Remove
HGRM	Judith L. Amico	728 Pine Island Rds Ste 15 Cape Correl FL 33991	Add Remove
			Add Remove
			Add Remove
		September 1997	2 F
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	Remove
	ng any other miormation, enter change	(a) never (much additional sheets, if necessary,	_
			
Dated	January 6. 201	<u> </u>	
-	Signature of a member of	or authorized representative of a member	
-	Barbar Typed o	a A. Hess or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00