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## **COVER LETTER**

<b>TO</b> : `	Registration Se Division of Cor			
cupi		Preschool & Academy LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Alejandro Perez		
			Name of Person	
		Just Kids Preschool & A	cademy LLC	
			Firm/Company	
		906 N Krome Avenue		
			Address	<del></del>
		Homestead, Florida 330	30	
		-	City/State and Zip Code	
		alexperez1985@aol.com		
			to be used for future annual report notific	cation)
For fu	orther information c	oncerning this matter, please ca	all:	
Aleja	ndro Perez		305 245-7082	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>□</b> \$3	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**

Just Kids Preschool & Academy LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on 11/14/2011 and assigned
Florida document number L11000129537	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	
	UL ORE
Enter new mailing address, if applicable:	9 787
(Mailing address MAY BE A POST OFFICE BOX)	
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	<b>v</b> o <del>z</del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
Pres	Isabel G Perez	14307 SW 19 Terrace	□ Add
		Miami, Florida 33175	Remove
		<del></del>	Change
Pres	Alejandro Perez	906 N Krome Avenue	<b>⊒</b> Add
		Homestead, Florida 33030	□ Remove
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ffective date, if other than the an effective date is listed, the date must	be specific and cannot be price	or to date of filing or	(opti more than 90 days afte	i <b>onal)</b> r filing.) Pursuant to 605,02
ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the appli	cable statutory fil	ing requirements, thi	is date will not be listed:
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e record specifies a delayed The 90th day after the reco	effective date, but n	ot an effective	e time, at 12:01	a.m. on the earlier
July 11	2018			
ated	<u></u>	·		
	Land 9	Lines		
	Signature of a member or aut	norized representati	ve of a member	
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Filing Fee: \$25.00