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D. SCOTT MAY 1 6 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dream big freschool of Leuring LLC 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:
Pyrette Upson Nam of Person Dream Big Preschool of Learning Firm/Company Let 51 Sulver Star Rd Address OHands FL 32468 City/State and Zip Code Kupson bradwell Dyphop. cm
E-mail address: (to be used for future artifual report notification) For further information concerning this matter, please call:
Ryntte USON at 321 228-1940 55 77 Name of Person Area Code Daytime Telephone Number Fig. 2
Enclosed is a check for the following amount: \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certificate of Status 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

000

Name of the Limited Liability Company (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number 12001501.	were filed on 8/15/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	address is the same
(Principal office address MUST BE A STREET ADDRESS)	6151 Silver Star Kd OH FC 32808
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ion address on our records onton the name of the save
registered agent and/or the new registered office address here	enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 55 m
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>Namë</u>	Address	Type of Action
MNGR	Wesley Edourd	1711 Golfview Dr.	[Z] Add
	O	1711 Golfview Dr. Kissimmer, KL 34746	Remove
1.			Change
MBR	Michele Edourd	1711 Gulfview Dr.	ID Add
		1711 Gifview Dr. Missimmer, FL 34746	☐ Remove
			Change
			□ Remove
			Change
			Add
		والمرتبع المرتبع المراجع المرا	Remove
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Effective date, if other than the date of filing: S - S - 2					_
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