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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
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C. GOLDEN FEB 2 7 2019

COVER LETTER

Division of Cor	porations		
SUBJECT: Love		care hearning ited Liability Company	Center 11 e
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Diane	Jenkins Name of Person	
	- Dayco	Firm/Company	Suycare Learning Center
	400 Hay	Name of Linkited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: Diane Jenkins Name of Person (Daycare) Love Care Daycare Learning Center Firm/Company Center Firm/Company Palatka Florida 32177 City/State and Zip Code Love Care Care Quhop - com E-mail address: (to be used for future annual report notification) this matter, please call: at (386) 916 8573 Area Code Daytime Telephone Number Ing amount: 100 Filing Fee & \$\Bigsim \$55.00 Filing Fee & \$\Bigsim \$60.00 Filing Fee.	
	Palatka	Florida 32117 City/State and Zip Code	<u> </u>
	E-mail address: (where yahoz - cor	(cation)
For further information c	oncerning this matter, please ca	all:	
Diane Jen Name o	f Person	at (3.86)	
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

FILE

Laure Care Doucare L	econni Center LLC	2019 FEB 27 PM
Name of the Limited Liability Co	mpany as it how appears on our records.) ted Liability Company)	WASSEE,
The Articles of Organization for this Limited Liability Comp	any were filed on	3 and assigned
Florida document number 613000119265		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Center 2 LLC .iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	400 HUY 19th Not	th Suite 45
(Principal office address MUST BE A STREET ADDRESS	900 Huy 19th North	32177
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	.
	, Florida	Zip Coxle
	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.

If 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 addor removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		. '	L Add
			□ Remove
			☐ Change
			
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un effectiv <u>ote:</u> If th	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P the date inserted in this block does not meet the applicable statutory filing requirements, this date wi t's effective date on the Department of State's records.	ursuant to 605.020' If not be listed as
rnaa=-	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 0th day after the record is filed.	the earlier o
	our day after the record is filed.	
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Page 3 of 3

Filing Fee: \$25.00