L13000133536

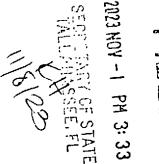
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COVER LETTER

TO:	Registration-Se Division of Cor		, '≇'	. ,	•	.> •	
	•	CANDIL	KIDS CENTER LLC				
SUBJE	CT:						
		Name of Lim	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		JU	JLIO C GALANTE				
			Name of Person		_		
			Firm/Company				
			13350 SW 1ST ST	Г			
			Address	-			
		PEN	MBROKE PINES, FL,				
			City/State and Zip Cod	e		2023 SEC TA	
		E-mail address: (to be used for future annu-	al report notificatio	n)	2023 NOV - 1 SECEL TASK TALL ARA	-
For fur	ther information c	oncerning this matter, please c	all:			್ಲಿ = (17****
	ANA (GOMEZ	754 at ()	465-6749			. <u>Sures</u>
	Name o	f Person	Area Code	Daytime Tele	phone Number	PH 3: 33 OF STATE SEE FL	
Enclose	ed is a check for th	ne following amount:					
≅ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is c		Certified	te of Status &	
	Mailing Addres Registration S			Address: tration Section			
	Division of C			ion of Corpora			
	P.O. Box 632			Centre of Tallal			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANDIL KIDS	CENTER LLC		
(Name of the Limited Liability Con (A Florida Limit	npany a <u>s</u> i t now app e ed Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000133536</u> .	nny were filed on _	09/20/2013	and assigned
This amendment is submitted to amend the following:			
The Articles of Organization for this Limited Liability Company were filed on			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ent number L13000133536 Int is submitted to amend the following: Ing name, enter the new name of the limited liability company here: Insist be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: Ince address MUST BE A STREET ADDRESS) In the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: In the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: In the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: In the designation "LLC" or the abbreviation "LLC." In the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: In the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: In the designation "LLC" or the abbreviation "LLC." In the designation of the designation "LLC" or the abbreviation "LLC." In the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC." In the designation of the d		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our	records, <u>enter the</u>	name new registered
Name of New Registered Agent:			-
New Registered Office Address:	Enter F	lorida street address	
		Llocid	la
	City	Floriu	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JULIO C GALANTE	13350 SW 1ST ST	≅Add
		PEMBROKE PINES, FL, 33027	□Remove
			☐ Change
MGR	MITCHEL SABINA	7767 NW 146 ST	
		MIAMI LAKES, FL, 33016	≅Remove
			□Change
			© BAdd
			SSO Dange
			3: 33 E.FL
			□Remove
			□ Change
			□Add
			□Remove
			[]Change
			🗆 Add
			Remove
			□Change

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Signature of a member or authorized representative of a member	ited	OCTOBER 25TH	. 2023				
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Filing Fee: \$25.00