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(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Sectories Division of Corp.	orations			
SUBJE	CCT:		5 - 32/ L U		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter			
		0	Name of Person	DSBORWE, ESQ,	
			Fimi/Company 321 CKOTO	W W Y	
		u	Address LEST PALM	Bench, FL 334 rp yahoo. Com	0,
		E-mail address: (City/State and Zip Gode TUS T MI ZNE to be used for future annual report	royahoo. Coul	
For fur	ther information co	ncerning this matter, please ca			
	Name of l	Person	at () Area Code Da	rtime Telephone Number	
Encips	ed is a check for the	following amount:			
D \$2:	5.00 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

	321, 1	11			
	la Limited Liability	Company)		_	
The Articles of Organization for this Limited Liability (Florida document number	Company were fi	led on Taw V	44 21, 20	14 and assign	ied
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability co	mpany here:			
The new name must be distinguishable and contain the words "Lir	mited Liability Comp	pany," the designation	on "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if applicable:					-
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>	<u>₹</u> s
				<u> </u>	<u> 95</u>
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Enter new mailing address, if applicable:				<u>></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)					<u> </u>
				ÿ	<u> </u>
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B. If amending the registered agent and/or regi		ldress on our i	records, <u>enter th</u>	e name of	the nev
Name of New Registered Agent:			·,-, ·		
New Registered Office Address:					
New Registered Vittee Address.		Enter Florida stree	n address		
			, Florida		
	Cit	,		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 added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name 1 <u>Address</u> Type of Action □ Add □ Remove ☐ Change DANIEL LI DISSONNE (ASSOCIAL)
TROSTEE, DANIEL LI DISBONNE
DELJARAHON BETAULT
OCTOBER 17, 2017 solly. □ Remove □ Add ☐ Remove ☐ Change AMBL DAWIER LI DOGOTHE West Hum Sch, R 3340 □ Change □ Add _□ Remove Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



DANIEL L OSBORNE Certified Public Accountant Attorney At Law

DAN@PRESCHOOLWELLINGTON.COM CELL: (561) 371-1972