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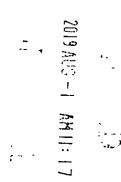
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COVER LETTER

SUBJECT: Kic	JS COMOCE Name of Lin	+ Chald Care	Center LLC
	Name of Sim	ned Blacking Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>J</u>	Name of Person	
	-Kids (Moch Ch. Firm/Company	Iclane Center
	4527	Carter St Address	<u> </u>
	Orlando	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca		
Joy B	Xule/ of Person	at (40) Logo Daytim	4 8 2 2 C) e Telephone Number
Englosed is a check for t	he following amount:		
≰ \$25.00 Filing Fee	☐ \$36.00 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:

TO:

Registration Section Division of Corporations

> 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

Kids Connect (Name of the Limited)	Chy (C) Liability Company Florida Limited Lia	ras it now appears on obility Company)	LU COUR records.)	AH 11: 17
The Articles of Organization for this Limited Liabi Florida document number <u>LIYDOOC32</u> <u>W</u>	ility Company w			and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>se limited liabili</u>	ty company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the designation	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicabl	le:		 -	
(Principal office address MUST BE A STREET A	ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u> .			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our	records, enter t	he name of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida sti	reet address	
-			, Florida	
		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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action MGR Joy Bouter 65% OwnerShip 1809 Fullers Oak Lupp 11 Add Winter jaden A __ Remove 34787 Change Mor Caye Knight 25% Ownership 1809 Fullers Oak Loop & Add Winter Gurden Fl | Remove MGR Harold Bouler 1809 Fullers Oak Lasp 11 Add 10% Ownership Winler garden Pl __ Remove 34787 Change 13750 W Colonial For Add Daniel Starks St 350 #319 Remove Wholer Gran H 3480 Change 13750 W Coppial Or - Add Thoras Ironas StE 350 #319 Remove Winter Charden P1 348 Change □ Add ☐ Remove ☐ Change

D. It amending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)
E. Effective date, if other than the date of filing: 120 9 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ob). The 90th day after the record is filed.
Dated July 30 . 2019.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00