## L14000048155

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Enc	hanted Gasd. Name of Lim	en Daycate LL ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		gres / Gloria Name of Person	
	Enchante	d Garden Dayca Firm/Company	re LLC
	3280 Pine	Address Address	
	Kissimmee	FL 34746 City/State and Zip Code	
	Gloria e E-mail address: (	nchanted @ a m	ail. com
For further information co	oncerning this matter, please ca	all:	
Gloria V Name of	9590CZ Person	at (917) 881 Area Code Daytime	0989 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUC - 1 Du .-

Enchanted	Jarden l	Daycare	LL Com	-4 PA 12: 23
Enchanted (Name of the Limited	Liability Company Florida Limited Lia	y as it now appears on ability Company)	our records.) TAL	LAHASSEE, FL
The Articles of Organization for this Limited Liab	oility Company w	vere filed on <del>c</del>	pt., 2014	and assigned
Florida document number <u>L140000</u>	<u>481</u> 55		•	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab <u>il</u> i	ity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the design	ation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	5/01	-ia Elv	ira Vasq	ve Z
New Registered Office Address:		Enter Florida s	treet 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Note:	If the date i	nserted in this	block does	not mee	t the applic	able sta	tutory filin	ig requir	ements, th	is date w	ill not be	listed a	s t
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