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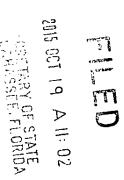
| (Requestor's Name)                      | - |
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| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | - |
| (Document Number)                       | - |
| Certified Copies Certificates of Status | - |
| Special Instructions to Filing Officer: | ] |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Fanatic Green Cleaning Services L.L.C. Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| hathleen Woodard   |
|  |
| Fanatic Green Cleaning Services L.L.C  |
|  |
| 15427 SW 2134 Ct   |
| Address  |
| Ocala FL 34473  City/State and Zip Code  |
| City/State and Zip Code  |
| Hats IGGZ corner @ gmail. Con E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please eall:   |
| hathien Woodard at (352) 426 6223  Name of Person Area Code Daytime Telephone Number   |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| S25.00 Filing Fee Certificate of Status 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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Fanatic Green Clea   | ning Services LLC.   |
|--|--|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li   | y as it now appears on our records.)<br>ability Company)   |
| The Articles of Organization for this Limited Liability Company of Florida document numberL_1500001839.7   | were filed on 1-30-2015 and assigned   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabil  | ity company here:  |
| hat's Kidz Corner  | L.L.C.   |
| The new name must be distinguishable and contain the words "Limited Liability  | ty Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | 15427 SW 213+ C+<br>Ocala FL 34473   |
| (Principal office address MUST BE A STREET ADDRESS)  | Ocala FL 34473   |
|  |  |
| Enter new mailing address, if applicable:  | 15427 JW 215+ Ct   |
| (Mailing address MAY BE A POST OFFICE BOX)   | Ocala FL 34473   |
|  |  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  | ice address on our records, <u>enter the name of the new</u> :   |
| New Registered Office Address:   |  |
|  | Enter Florida street address   |
| <u></u>  | , Florida  |
|  | City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability |
| If Chang   | ting Registered Agent, Signature of New Registered Agent   |
| Page 1   | SET C  |

| MGR = M $AMBR = A$ | anager . • • • • • • • • • • • • • • • • • • |             |                |
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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| l'an effect     | e date, if other than the date of filing:   |
|                 | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list<br>it's effective date on the Department of State's records. |
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| e reco<br>The 9 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli<br>Oth day after the record is filed.  |
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| Dated           | October 14 2015   |
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|                 | Slanature of a member or authorized representative of a member  |
|                 | 1/  |
|                 | Kathleen Woodard  |
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