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FALLSAHASSEE, FLORID

AUB 18 (17)

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KIDO OGY Enterprises, U.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:
NICOLE ANDOLIKE
KIDDO Enterprises, LLC
7200 W Commercial Blud Hauf-101
Lauderhill FL 33319
City/State and Zip Code  11
For further information concerning this matter, please call:
NICULE AND COLIKE at (954) 703 2287  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Kidology 8	interprises, LIC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5/29/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	•
Enter new principal offices address, if applicable:	7200 W Cummercial
(Principal office address MUST BE A STREET ADDRESS)	Blue # 204-101 Lawe erhill FL 33319
Enter new mailing address, if applicable:	7200 W commercial
(Mailing address MAY BE A POST OFFICE BOX)	Blud # 204-101 Couclerhill & C 33319
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new $\underline{\mathbf{e}}$ :
Name of New Registered Agent: VICULE	Anjadike Es =
New Registered Office Address: 7200	W CUMPERCIAL BLUET # UL- 10
Laide	Florida 53519
New Registered Agent's Signature, if changing Registered Agent:	9 J 9
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being 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 provided for in Chapter 605, F.S. Or, if this document is

H 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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar			
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E. Effective date, if other than the date of filing:	DRIDA M.K.	27	
(b) 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 <b>Sote</b> : If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	2.) Pursuant		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the e	earlier	of:
Dated August 5  2019  Signature of Imember of a member		_	
WiCULE AND AIKE Typed or printed name of signee		_	

Page 3 of 3

Filing Fee: \$25.00