L15000123880

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COVER LETTER

Registration'Section
Division of Corporations

TO:

OUR IPZET		HOUSE PRESCHOOL LLC	
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are suf	posited for filing.	
Please return all correspondent	ondence concerning this matter	to the following	
	M	ONICA M GERMAN	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		MG OFFICE SYSTEMS INC	
		Firm:Company	
	86.	87 ESCONDIDO WAY EAST	
		Address	
	i	BOCA RATON, FL 33433	
	* ***********************************	City/State and Zip Code	
		mgtaxsol@gmail.com	
	E-mail address:	to be used for future annual report	notification)
For further information c	concerning this matter, please e	all:	
MONICA M GERMAN		954 554-742-	
Name c	of Person	at () Area Code Day	etime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27		Section Torporations of Tallahassee proc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY LITTLE HOUSE PRESCHOOL LLC

(Name of the Lin	iited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Florida document number L15000123880	Liability Compar	ay were filed on JULY 23.	2015	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	ability company here:		
N A				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designati	on tack" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE		-		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		e address on our records	enter the nam	e of the new registe
Name of New Registered Agent:	N/A			, ,
New Registered Office Address:	N/A			
tegine et mile interest.		Enter Florida stree	t address	
	N/A		Florida	
		City		Zip Code
		i <u>t:</u>		

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	<u>Name</u>	Address	Type of Action
MGR	MORA, RAUL NICOLAS	1807 N. 68TH AVE	□Add
		HOLLYWOOD, FL 33024	■Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Remove
			□Change
			□ Add
			Remove
			□Change
			
			Remove
			□Remove
			Change

	N/A
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-	
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fan ef <u>Note:</u>	ive date, if other than the date of filing: (optional) ective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a lent's effective date on the Department of State's records.
recor d is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	SEPTEMBER 11 2023
Dated	(long.
	Signature of a member or authorized representative of a member
	inguitate of a member of antitavived representative of a member

Filing Fee: \$25.00