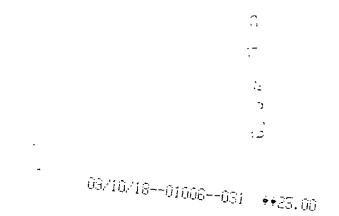
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S. PHATHER

## **COVER LETTER**

TO:	Registration Se Division of Cor		•		
SUBJ	ест: _Ма	deline Marian Name of Limi	ted Liability Company		
The cr	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please	return all correspo	ondence concerning this matter t	o the following:		
		Madeline	Marianaco Name of Person	:1	
			Name of Person		
			Firm/Company		
		92 NE	Cypress Tra	1)	
		Jensen [	Beach, FL City/State and Zip Code	34957	
		Madeline Marian E-mail address: (1	accille @ 9	mail, Com	
				report nonneadon)	
For fu	rther information of	concerning this matter, please ca	ill:		
/	Madeline	Mariana CCi	at (203)	604-4128	
	Name o	of Person	Area Code	Daytime Telephone Number	
Enclo	sed is a check for t	he following amount:			
<b>12</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate (closed) Certified (	of Status &

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

، مبر

Madeline Mariar	nacci, LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	any as it now appears on our records.) Liability Company)	٠.
The Articles of Organization for this Limited Liability Company Florida document number EIN 81-1662766.	y were filed on $3/2/16$ and assigned	ed .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Celebrating Children, LL. The new name must be distinguishable and contain the words "Limited Liabil	-C	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	92 NE Cypress Trail	
(Principal office address MUST BE A STREET ADDRESS)	92 NE Cypress Trail Jensen Bench, FL 34957	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	92 NE Cypress Til Jensen Beach, FL 34957	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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

	Authorized Member	<u>Address</u>	Type of Action
<u>Title</u>	<u>Name</u>	Addition	Type of Action
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			Change
			D Add
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n effective date is listed te: If the date inser	er than the date of fili 1, the date must be specific a ted in this block does not late on the Department of	and cannot be prior to dat t meet the applicable :	e of filing or more than	<b>(optional)</b> 90 days after filing.) Purst ements, this date will n	iznt to 605.020 ot be listed a
record specifies he 90th day aft	a delayed effective er the record is filed	e date, but not an d.	effective time, a	t 12:01 a.m. on th	ie earlier (
ed 9/5/1	8 AAn				
<del></del>	Signature of	a member or authorized	representative of a mer	nber	<del></del>
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Page 3 of 3

Filing Fee: \$25.00