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Amendanchy

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COVER LETTER

	tration Section of Corp					
	BRIGHT S	TAR KIDZ LEARNING CEN	ITER LLC			
SUBJECT: _		Name of Lin	nited Liability Company	_		
The enclosed A	Articles of a	Amendment and fec(s) are sub	unitted for filing.			
Please return a	ll correspor	ndence concerning this matter	to the following:			
		RUBINA TARIQ				
			Name of Person			
		BRIGHT STAR KIDZ LE	EARNING CENTER L	.LC		
			Firm/Company			
		20015 OAKFLOWER AV	/ENUE			
			Address			
		TAMPA, FL 33647				
			City/State and Zip Co	ode		
		RTMANSOOR@GMAIL.	COM			
		E-mail address: (to be used for future annu	ual report notification	on)	
For further info	ormation co	oncerning this matter, please c	all:			
RUBINA TARIQ		954 at ()	292-8923			
	Name of	Person	Area Code	Daytime Tele	phone Number	
Enclosed is a c	heck for th	e following amount:				
≊ \$25.00 Fil:	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ng Address	_		Address:		
Registration Section Division of Corporations		_	Registration Section Division of Corporations			
P.O.	Box 632	7	The C	The Centre of Tallahassee		
Talla	hassee, F	L 32314	2415	N. Monroe Str	eet, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BRIGHT STAR KIDZ LEARNING CENTER LLC

The Articles of Organization for this Limited Liability Company were filed on $\underline{06/06/2016}$

and assigned (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L16000109323				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
BRIGHT STARS CHILD CARE & EARLY LEARNING CENTER	LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	20015 OAKFLOWER AVENUE			
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33647			
Enter new mailing address, if applicable:	325 W BUSCH BLVD			
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33612			
Name of New Registered Agent: New Registered Office Address:				
	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:				
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 peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	- vec to act in this capacity. I further agree to comply with the proper property property provided for my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	c		

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Change

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ective date, if other than the date effective date is listed, the date must b	ate of filing:			(optional)	
<u>e:</u> If the date inserted in this block	k does not meet the a	ipplicable statutory	g or more than 90 day filing requiremen	's after filing.) Pursuant ts, this date will not b	to 605.020 be listed a
ument's effective date on the Depa	artment of State's rec	ords.			
cord specifies a delayed effective c	late but not an effec	tive time at 12:01	a m. on the carlier	of (h) The 90th da	v after the
s filed.	idee, our not an erree.	are mile, at read i	a.m. on the carner	or (v) The 20th da	y arter the
MARCH 25	2020				
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