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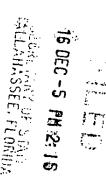
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## COVER LETTER

SUBJECT: Just My Kids Academy LLC 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:
Latasha M & Collough
Just My kids Academy LLC
2478 N.W. 102 Street
Miami F1. 33147 City/State and Zip Code
renaenco l'ougho Loho. Com  E-mail address: (to be used for inture annual report notification)
For further information concerning this matter, please call:
Latosha McCollough at 786 970-7665
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Starus Certificate of Starus Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Scrifficate of Starus Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Scrifficate of Starus Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRÉSS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just My Kids Academy hhc

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on June 17, 2016 and assigned
Florida document number 16000109943	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words 'Limited	Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new here:
	<b>1</b> 5 <b>4</b> 7
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christma Brooks	2478 N.W.102 st	
•		Miami, F1.33147	DRemove
			□ Change
			Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
4 <u>MBR</u>	Tracy McChoud	2478 N.W.102 St.	<b>⊮</b> Add
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Filing Fee: \$25.00