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19 July 20 MI 8: 20

S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Caperna	aum Mcd.cal Name of Limit	Center for Kids ed Liability Company	LLC
	mendment and fee(s) are subr	•	
	Eric Ver	Name of Person	
	Capernaum	Maical Center	- for Kids LLC
	5129 S. La	Klynd Dr #2	
	Lakeland,	FL 33813 City/State and Zip Code NIEV Md @ NOT Mo o be used for future annual report notific	ail. (am
For further information co	neerning this matter, please ca		,
Eric Verni	-	at (212) 301-0	1408 Telephone Number
Enclosed is a check for the	following amount:		
•	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capernaum Med	cal Center for ki	ds LLC	
(Name of the Limits	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Li-		$5\sqrt{2010}$ and assigned	
Florida document number <u>L16000126</u> *	<u>536</u> .		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	9	
(Principal office address MUST BE A STREE	T ADDRESS)		-
		27	-
		1 2 3	
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE)	<u></u>	<u> </u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	***	r records, <u>enter the name of the </u>	<u>16v</u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	-
New Registered Office Address:			-
	Enter Florida s	street address	
	Can	, Florida Ziv Code	-
New Registered Agent's Signature, if changing B	City	ziρ Cone	
Men Wedistelen Wasent 2 Signature, or changing a	CEISICI CH WEGHT		

If Changing Registered Agent, Signature of New 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 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	Michelle fernandez	5129 S. Laxeland Dr #	F2 □ Add
		Lakeland, FL 33813	Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			Remove
			□ Change
			\D \Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: If an effective date is issted, the date must be specific and cannot be prior to date or filing or more than 90 days after filing.) Pursaunt to 605,0707 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated June 18 Signature of a member of basis produce presentative of a member Exic Vernux		
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Signature of a member or authorized representative of a member	Dated	June 18 (2019)
		(0000000)

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Filing Fee: \$25.00