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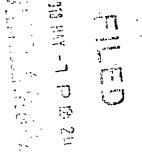
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COVER LETTER

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SUBJECT:	Н	JELLAS GUARDERIA				
The enclose	d Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return	n all correspond	lence concerning this matter	to the following:			
		Shannon Sta	hlin			
			Name of Person			
		Direct Incorpo	oration			
			Firm/Company	2.14 7.00	73	
		315 W Huron	St., Ste 240	\	COMP TOTAL TOTAL	
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		documents@	City/State and Zip Code	•	다. 2u :	
		_	directincorp.com to be used for future annual report notif	ication)	'2	
For further	nformation con	cerning this matter, please ca	all:			
	Shannon S	tahlin	at (_ 877_) _ 281-649	6		
	Name of P	Person		Telephone Number		
Enclosed is	a check for the	following amount:				
\$25.00	Filing Fee	X \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fili Certificate Certified ((additional c	of Status	
	MAILIN	IG ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section

Division of Corporations Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUELLAS GUARDERIA SPA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 09/27/2016 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __L16000180096 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 63 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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
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