

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KIDS WORLD LEARNING ACADEMY LLC

Certificate of Status	0
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Page Count	04
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[Signature]
 10/25/17

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KIDS WORLD LEARNING ACADEMY LLC

(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 Company were filed on 01/13/2017 and assigned
Florida document number 17000011197

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:

(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

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
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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Ignacio Morales	5401 East Nohl Ranch Road # 59	<input type="checkbox"/> Add
		Anaheim Hills, CA 92807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gloria Morales	6401 East Nohl Ranch Road # 59	<input checked="" type="checkbox"/> Add
		Anaheim Hills, CA 92807	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Signature of a member or authorized representative

Typed or printed name of signer

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