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SECRETARY OF STATE
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Mame	a Knowles Be	st Home Daycar	e, LLC
	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Yolanda	Maggitt. Namo of Person	
	·	Firm/Company	s 20
	821 Silver B	leach Rd. Apt.#	PZZ KOV TALLLI
	Lake Park	Address FL 33403 City/State and Zip Code	1022 NOV -3 PH 3: 33 SECRETARY OF STATE TALLAHASSEE. FL
	MS magain E-mail 2004 ess: (H@ Gmail, com to be used for future annual report notif	1 Par 3 Sincation)
For further information co	ncerning this matter, please c	all:	
Yolanda M Name of	laggitt Person gitt	at (<u>561</u>) <u>856</u> Area Code Daytime	-3062 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810

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

Mama Knowles Best (Name of the Limited Liability Compa) (A Florida Limited I	ny as it now appears on or records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L1700004493}$.	were filed on $\frac{02/24/2017}{2017}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LIAH SEE FILE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: 215/11/6	rda Maggitt er Beach Rd. Apt. #1
Lake	Enter Florida street address Park Florida 33403 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.

Jolanda Maggitt

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>	Name	Address	Type of Action
<u>Mrs</u>	Yolanda Knowles	821 Silver Beach Rd. Ap	<u>#</u>
		Lake Park, FL 33403	Remove
			Change
MGR	Yolanda Maggitt	821 Silver Beach Rd. Apt. Lake Park, Fl 33403	#/GAdd
		Lake Park, FL 33403	3 □Remove
			□Change
			□ Add
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