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COVER LETTER

Division of Corpor	ations			
SUBJECT:		Y Dump't ted Liability Company	y LLC.	
The enclosed Articles of Am	endment and fee(s) are sub-	nitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	Car	ol Touton Name of Person	1	
	Mother	GOOSE Pro	e-School	, Inc.
•		Firm/Company		
	3407 N.	Habona	Aue.	
_	Ctou-	City/State and Zip Code ton 1 C 9 ym o be used for future annual	ail. Cou	
For further information conce	erning this matter, please ca	и:		
Carol Name of Per	Touton	at (<u>\$1.3</u>) Area Code	760-58 Daytime Telepho	SB one Number
Enclosed is a check for the fo	ollowing amount:			
∑\$25.00 Filing Fee □	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

The state of the s

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 3/09/2017 Florida document number 17000055527 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	and assigned
Florida document number <u>L17000055527</u> This amendment is submitted to amend the following:	and assigned
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 "LUC" or the abbr	reviation "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 agent and/or the new registered office address here:	of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	
City	Zin 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 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
MGR	Joseph Tomaino	3407 N. Habana Aug.	□ Add
		TAMPA, FL 33607	[]_Rem ove
			Change
MGR	Johnn Tomains	3407 N Habana Que.	🗆 Add
	Tamps, FL 33607		
			□Change
			🗆 Add
		□Remove	
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Note:	ive date, if other than the date of filing:
rd is fi	
Dated	2022. Carol A-Toxton Signature of a member or authorized representative of a member
-	Caul 1: Tation
	Comment of the commen
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00