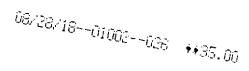
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	JOYCE'S 24 HR LEARNING CENTER, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANNIE J CALDWELL		
		Name of Person	<del></del>
Name of Person  JOYCE'S 24 HR LEARNING CENTER, CCL  Firm/Company  621 KRAFT AVE  Address  PANAMA CITY, FL 32401  City/State and Zip Code joyceoffice24hr@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
		Firm/Company	
	621 KRAFT AVE		
		Address	<del></del>
	PANAMA CITY, FL 3240	01	
	joyceoffice24hr@gmail.co		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information ed	oncerning this matter, please ca	all:	
ANNIE J CALDWELL		850 625-0351	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:	·	
□ \$25.00 Filing Fee	■ \$30,00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOYCE'S 24 HR LEARNING CENTER, 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 04/04/2017 and assigned Florida document number L17000075789 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: KENYRIA CALDWELL Name of New Registered Agent: 621 KRAFT AVE 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

PANAMA CITY

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANNIE J CALDWELL	621 KRAFT AVE PANAMA CITY, FL 32401	<b>≅</b> Add
		KENYRIA CALDWELL	
			Remove
			Change
AMBR	KENYRIA CALDWELL	621 KRAFT AVE PANAMA CITY, FL 32401	<b>■</b> Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00