## L17000108106

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## **COVER LETTER**

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	rporations	-	
SUBJECT: Wh	iz Kidz 3 showbiz	Learn'N Play Cente	r, LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tiky	Name of Person	
		Firm/Company	
		1/9th St. Address	<del></del>
	Gainesv	City/State and Zip Code  One of the Company of the beased for future annual report polification beased for future annual report polification.	<del></del>
	<u>E-mail address: (</u>	e gmoil. Com to be dised for future annual report notifica	,
For further information of	concerning this matter, please ca	all:	2021 - 17A
Tikya Na	Hiel	at (350) 013-01  Area Code Daytime T	ω7 E
Name o	of Person	Area Code Daytime T	2021 APR - 9 PH 6:
Enclosed is a check for the	he following amount:		ج- ا
□ \$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 Addres		Street Address: Registration Secti	on
Division of C		Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whiz Kidz & Showbiz Learn'n Pluy C	lenter, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on <u></u> Florida document number <u>LI700008100</u>	5116/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	e <u>re</u> :	
Whiz Kidz Unlimited, LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the d	lesignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	203
Principal office address MUST BE A STREET ADDRESS)		
		1 1 1 1 1 1
	1- 90	P
nter new mailing address, if applicable:	: -	
Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	6.5
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, enter the name	of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flor	ida street address	
	. Florida	

## 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

Zip Code

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ument's effective date o	n the Department of	State's records.					
	effective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th	ı day afte	r the
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