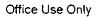
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: PAC	Patter Pre-S	Chool Limited Liability Company	ity CompanyC	(L.1/C)
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	· :	
Please return all corresp	ondence concerning this matter	to the following:		
	Dajeanne_	Pitty Name of Person	· -	
		Firm/Company	, 	
	507 East St	Address .		
	larghized, Fl	32750) City/State and Zin Code	·	
	DiPiHer 136 E-mail address: (to be used for .ure annual report notifi	cation)	
For further information	concerning this matter, please ca	all:		
Daje av	Me Pitter	at (<u>321)</u> <u>370 - 85</u> Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:	•		
S25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fed Certificate of St Certified Copy (additional copy & c	atus &
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assect FL 32314	STREET/COURIF Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pitter Patter Pre-School Cimted Cability Company (LLC)

(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number 1700140319	pany were filed on <u>C71071 2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited"		breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	503 lakeview Court	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 to 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

	g Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and address of each	n person being add
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
President	Dajeanne Pitter	503 lahevieus court	
	v	hissimmee fl 34759	Remove
			D Change
President	Dajeonne Pitter	503 laneview aurt	
	· ·	hissimmee, FL 34759	Remove
			Change
Sccretary_	Jasmine Hanverson	1778 Bowen Drive Apt 1	Add
		Orlandu, Fl 32822	Remove
	_		Change
Tre <u>lliner</u>	Williams Ambroise		🖸 Add
			Remove
			Change
Amber	Dominique AHer	503 Ichevirus court	Add
		Hissimmee FL 34759	Remove
			Change
Ambr	Danielle Pitter	503 laveriew court	
		hissimmee fl. 34759	Remove
			Change

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f an effe Note:	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier o 90th day after the record is filed.
Dated _.	OCHOSE 10 2019 Dellanuxialla
	Signature of a member or authorized representative of a member
	Monno Vitter

Page 3 of 3

Filing Fee: \$25.00