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COVER LETTER

то:	Registra Division	tion Secti of Corpo				
CHID LE		re Nigh	Γ NANNY LLC		1	
SUBJE	.C1:		Name of Limited	I Liability C	отрапу	
The end	closed Artic	cles of An	nendment and fee(s) are submit	tted for fili	ng.	
Please	return all co	orrespond	ence concerning this matter to	the followi	ng:	
			JOHN P. ZELATIS			
				Name o	f Person	
			ZOMESA, LLC			
				Firm/C	mpany	
			15459 MARTINMEADOW I	DRIVE		
				Add	ess	
			LITHIA, FL 33547			
				City/State at	d Zip Code	
			JZELATIS@ZOMESA.COM			
					uture annual report notifica	tion)
For fur	ther inform	ation con	cerning this matter, please call:			
NHOL	P. ZELAT	IS		at (3 654-5144	
	1	Name of P	erson	A A	ea Code Daytime To	elephone Number
Enclose	ed is a chec	k for the	following amount:			
\$2:	5.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy nal copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
		Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		STREET/COURTER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DATE NIGHT NANNY LLC	
(Name of the Limited Liability Com	nany as it now appears on our records.) xl Lubility Company)
(A Florida Ellinic	as training company)
The Articles of Organization for this Limited Liability Compar	ny were filed on FEBRUARY 1, 2018 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	18 FALL
	FE
	B 17
	SS SS
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	OR Y
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
egistered agent and/or the new registered office address in	T
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 Changing Registered Agent. Signature of New Registered Agent

MGR = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
AMBR	ANGELA L. FACEY	14208 NATURES RESERVE DRI	
		LITHIA, FL 33547	■ Remove
			Change
AMBR	ANGELA L. FIGUEIREDO	14208 NATURES RESERVE DRI	■ Add
		LITHIA, FL 33547	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			Remove
			Change
·			Remove
		Change	

D. If amending any other information, enter change(s) here	e: (Attach additional sheets, if necessary.)
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	SE CE
	TORIII
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(able statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but no b) The 90th day after the record is filed.	
Dated February 7, 2018 Angela L. Frauer Signature of a preprier or author	edd orized representative of a member
ANGELA L. FIGUEIREDO	
Typed or prin	ed name of signee

Page 3 of 3

Filing Fee: \$25.00