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(A	Address)	_
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COVER LETTER

Divisi	on of Corp	oorations		
		lopment & Enrichment Serv	rices, LLC	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of Z	Amendment and fee(s) are sub	mitted for filing.	
Please return al	II correspoi	ndence concerning this matter	to the following:	
		Evelyns K. Gaiti		
			Name of Person	
		Child Development & En	richment Services, LLC	
			Firm/Company	
		8309 SW 142 Ave, Apt.	G-109	
		-	Address	
		Miami, FL 33183		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		arkayogart@gmail.com		
		E-mail address; (to be used for future annual report notifi	cation)
For further info	ormation co	oncerning this matter, please ca	all:	
Evelyns K. Ga	aiti		305 9873245	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	e following amount:		
□ \$25.00 Fili	ng 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:

TO:

Registration Section

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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arka Yoga & Art for Kids, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Compan	y were filed on March 12, 2018	and assigned
Florida document number L18000064804		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Child Development & Enrichment Services, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		2818 JUL 1 TALLAHASS
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the
	·	· · · C
Name of New Registered Agent:		
New Registered Office Address:	rPlil	
	Enter Florida street address	
	, Flor	
	City	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 win 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 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 or removed from our records:

MGR ≈ Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
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			Remove
			

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fective date, if other than the	date of filing:	(optional)
	be specific and cannot be prior to date of filing o ck does not meet the applicable statutory fi	
ocument's effective date on the De	partment of State's records.	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the ear
,		
June 30	2018	
	Wil	
•	Signature of a member of authorized representat	ive of a member
Evelyns K. Gaiti		
	Typed or printed name of signed	·