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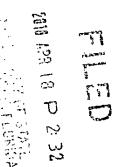
(Requestor's Name)	
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### **COVER LETTER**

Division of Co	rperations			
K-CHILDI SUBJECT:				
Sobole 1.		ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing		
Please return all correspondence	ondence concerning this matter	to the following:		
	KARIM YAMILE SAFIL	LE GUERRERO		
		Name of Person		
	K-CHILDREN, LLC			
		Firm/Company	,	
	2103 ANDALUSIA BLVI			
		Address		
	CAPE CORAL, FL 33909	-4477		
		City/State and Zip Code		
	KCHILDRENLLC@GMA			
For further information of	e-mail address: (	to be used for future annual report notifica all:	ation)	
KARIM YAMILE SAF	ILLE GUERRERO	786 606-3729	51 = <del>12</del> 51 = <del>22</del> 51 = <b>33</b>	A STATE OF
Name o	of Person	at (	Telephone Number	
			[]	
Enclosed is a check for t	the following amount:		Service Servic	
■ \$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:

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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K-CHILDREN, LLC		
(Name of the Lin	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited	Liability Company were filed on 03/30/2018	and assigned
Florida document number L18000081842	*	
This amendment is submitted to amend the fo	llowing:	
Florida document number L18000081842  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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	<u> </u>	( <u> </u>
		710 entres
		5 5 tm
	d/or registered office address on our record	ls, enter the name of the
registered agent and/or the new registered	onice address nere:	(2 : 13)
Name of New Registered Agent:	KARIM YAMILE SAFILLE GUERRERO	, ω ,
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	rss
	. <b>F</b> I	lorida
	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 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

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>	Name	Address	Type of Action
MGR	KARIM YAMILE SAFILLE GUERRERO	2103 ANDALUSIA BLV	D_ <b>→</b> Add
	COLFFEE	CAPE CORAL, FL. 339	<b>9</b> □ Remove
			Change
MER	KARIM SAFILLE	2103 ANDALUSIA BLVD	Add
		CAPE CORAL, FL. 3390	9 Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
		データン カウ かて	Remove.
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