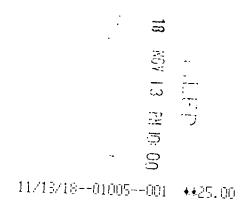
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O SIMMONS NOV 1 3 2018

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: Fi	vst moment	5 Home Childare led Liability Company	- 110
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
		Hy OSbor~	
		Firm/Company	
	664H La	ndover circle	
	Tullaha Sse	e F1 32317	<del> </del>
-	To St	City/State and Zip Code  Oryn 2279 6aol.  o be used for future annual report notific	<u>Co</u>
For further information conc			
Lovi OS	para	at (850) 328 Area Code Daytime	9091
Name of Pe	rson	Area Code Daytime	Felephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$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: 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

First Mo	men +5	Home	childcan	e (/c
(Name of the Limited L (A F	iability Company a lorida Limited Liabi	is it now appears or lity Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liabil Florida document number	<i>e</i> 0	re filed on	5 /2/20	718 and assigned
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the	_	company here:		
<u> </u>				
The new name must be distinguishable and contain the words	"Limited Liability (	Company," the desig	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable	e: _			Congression Congre
(Principal office address MUST BE A STREET A	DDRESS)		·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.				FH 10: 00
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on or	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:		Futar Florida	street address	
		Enter Florida		
<del>-</del>		City	, 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 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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeffry OSborn	Circle Tallchassee H 32317	Add
		Circle Pallahassee 432317	Remove
	J		Change
MGR	Gary Brodeur	Lole 44 Landover Circle Tullahassee F1 373	🗗 Add
	l	Circle Tullahassee F1 373	717□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add □
			Remove
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(If an effe Note:	ve date, if other than the date of filing:  1 1 3 1 6 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listenent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
	11/13/18
Dated_	

Page 3 of 3

Filing Fee: \$25.00