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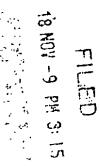


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## **COVER LETTER**

Division of Corpora	tions			
SUBJECT: ADVANCES	o KIDS DEAGY	r CALL	PROFESSIONAT	Lic
	Name of Limite	d Liability Com	pany	
The enclosed Articles of Amer	ndment and fee(s) are submi	itted for filing.		
Please return all correspondent	ce concerning this matter to	the following:		
i içase içinin an conceponacıı	ce concerning and maker to	the following.		
	BEENAGETTE	ANTONYE	ea tan	
_		Name of Pe	erson	<u> </u>
	ADVANCES KIOS	. Veac	OT CARE PROT	Essionaz LIC
_		Firm/Comp	pany	
	98 TERRA	MANGO	LODP SUITE	12_
_		Address	3	<del></del>
_	OXIANOD	, FL	32835 Cip Code	
		City/State and 2	Zip Code	
	bcrampers	ad pa gru	ail · wm	
	E-mail address: (to	be used for futur	e annual report notifica	ation)
For further information concer	ning this matter, please call	:		
BERNADETTE ANTON	7243AH	at (40)	+ 612 40	57
BGRNADETTE ANTON	on	Area C	ode Daytime T	elephone Number
Enclosed is a check for the following	owing amount:			
対 \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified (additional c		☐ \$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

ADVANCED KIDS VEGES	THEE PROFESSIONAL CLC	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records ida Limited Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 5/12/18	and assigned
Florida document numberLISOO12803Z_	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	- <del>177                                  </del>
		1000 1000 1000 1000 1000 1000 1000 100
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		* P4
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida Zip Code
	City .	<b>Гір</b> Сойе

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

MBR SALVATORE BUONALUTO SULA LARCORE DR. WINNERMERG PL 34786	□ Add★ Remove□ Change
WINNERMERG FL 34786	
	☐ Change
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fective date, if other than the date of filing:	(optional)
un effective date is listed, the date must be specific and cannot be prior to date of filing or more that: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	han 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier
ited 11 6 18	
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Signature of a member or authorized representative of a	membel

Page 3 of 3

Filing Fee: \$25.00