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## **COVER LETTER**

TO:	Registration Se- Division of Cor								
		ART ENTERPRISES, LLC							
Name of Limited Liability Company									
The en	aclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.						
Please	return all correspon	ndence concerning this matter	to the following:						
		MARIO E ALLENDE							
		<del></del>	Name of Person						
	HEAD START ENTERPRISES, LLC								
	Firm/Company								
4055 SW 133 AVENUE									
Address									
		MIAMI, FL 33175							
	City/State and Zip Code								
		MARIOALLENDE@GMA	IL.COM to be used for future annual report notif	ication)					
For fur	ther information co	oncerning this matter, please ca	·	Nation					
MARIO E ALLENDE			305 301-4371at ()						
	Name of	Person	Area Code Daytime	Telephone Number					
Enclos	ed is a check for th	e following amount:							
\$2	5.00 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

## HEAD START ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Lia	binty Company)			
The Articles of Organization for this Limited   Florida document number L18000141333	_ and assigned				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabili	ty company here:			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if appli	cable:		<b>v</b>		
(Principal office address MUST BE A STRE	ET ADDRESS)		<b>18</b>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	Vor registered offic	ce address on our records, <u>enter t</u>	JUL 16 PH 122 11 the name of the name		
Name of New Registered Agent:	MARIO E ALLEI	NDE			
New Registered Office Address:	4055 SW 133 A	VENUE			
ren registered office reasing.	Enter Florida street address				
	MIAMI	, Florida <sup>331</sup>	75		
		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.

MARIO E ALLENDE

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 Title Name **Address** Type of Action \_□ Add ☐ Remove ☐ Change □ Add \_□ Remove \_\_\_\_ □ Change ☐ Remove \_\_\_\_\_ Change \_\_\_\_\_ Change \_\_\_ 🔲 \_\_ \_\_ 🗖 Add ☐ Remove \_\_\_\_\_ Change \_□ Add \_□ Remove

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The 9	Oth day after	the record is	filed.				a.m. on the earl	ier (
ted	July	M AR10 Signatu	20	18				
		MARIO	E ALL	ENDE				

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Filing Fee: \$25.00