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SECRETARY OF STATE
ALLAHASSEE ELOPINA

COVER LETTER

Division of Co		•	•
Yuledis E	Daycare LLC		
7003ECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Raquel Carrodeguas		
		Name of Person	
		Firm/Company	
	2130 W Dr Martin Luthe	r King Jr Blvd	
		Address	
	Tampa, FL 33607		
	candccpas@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please ca	all:	
Raquel Carrodeguas		813 874-2201	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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

Yuledis Daycare LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number L18000158423		
This amendment is submitted to amend the following:	_	4.
A. If amending name, enter the new name of the limit	ed liability company here:	
Yuleydis Daycare, LLC		<u> </u>
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	or the hybre cition "L.L.C."
Enter new principal offices address, if applicable:		S E
(Principal office address MUST BE A STREET ADDRI	ESS)	Fig. Z
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TORREST 6
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the nev
New Registered Office Address:	Enter Florida street address	
	Enter Furna Micel dataess	
	, 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 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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ective date, if other than the d	07/01/2018 ate of filing:		(optional)
reffective date is listed, the date must b	oe specific and cannot be prior to	date of filing or more than 90 da	ys after filing.) Pursuant to 605.02
te: If the date inserted in this bloc cument's effective date on the Dep		e statutory filing requiremen	its, this date will not be listed
·			
record specifies a delayed	effective date but not :	an effective time, at 12	·01 a m on the earlier
The 90th day after the reco		in checkive time, at 12	on the carrier
29 June ted	2018		
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	(P /)		
	ignature of a member or authoriz		

Page 3 of 3

Filing Fee: \$25.00