L18000173449

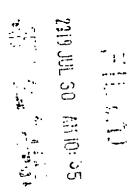
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COVER LETTER

TO: Registration Sect Division of Corpe			
subject: Arigs	Family Day Name of Ismi	Car Home LL ted Liability Company	.C
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Robia Robia 1282 W Miami, F	Name of Person Name of Person Firm/Company H2nd Place Address L 33012 City/State and Zip Code	
	E-mail address: (b)	o be used for future annual report to	(OP) offication)
For further information cor	ncerning this matter, please ca	II:	
Robin C. Name of I	Acius	at (<u>305</u>) <u>345</u> Area Code Dayti	- 429) ime Telephone Number
Englosed is a check for the	following 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:

April 1997

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 ARTICLES OF ORGANIZATION **OF**

11

Acias Family Day Con	e Home LLC
(Name of the Limited Liability Company) (A Florida/Limited Liability Company)	y'as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L18000773449</u> .	vere filed on 07/18/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi	ice address on our records enter the name of the no
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Novam A. Roa	1282 W. 42nd Place	_ _ D / Add
		1282 W. 42nd Place Miami, FL 33012	Remove
			Change
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(If an effective date is Note: If the date	other than the da listed, the date must be inserted in this block ive date on the Depa	specific and car does not meet	mot be prior to dat t the applicable s	e of filing or more th		ing.) Pursuant to 60	
	ifies a delayed e $ ilde{r}$ after the record		e, but not an	effective time	, at 12:01 a.r	n. on the earli	ier of:
Dated Solv	5	enature of a men	2019 ber or authorized	7 2 17/2 S representative of a	member		
	•	Rubi	, <u>(</u>	Acias			

Page 3 of 3

Filing Fee: \$25.00