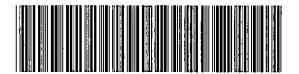
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		KIDS, LLC		
301391.			ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		RONIT SHIRO		
		TRILINGO KIDS, LLC	Name of Person	
		19964 NE 19TH PLACE	Firm/Company	
		MIAMI, FL 33179	Address	
		INFO@SHIRO-WEB.COM		
			to be used for future annual report notifi	ication)
For furt	her information co	oncerning this matter, please ca	ıll:	
RONIT	SHIRO		786 390-2591 at () Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
≅ \$25	.00 Filing Fcc	☐ \$30.00 Fiting 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**

TRILINGO KIDS, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/27/2018}{1}$ Florida document number L18000180727 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ City 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

<u>Title</u>	<u>Name</u> Tania Gilinski	Address 19964 NE 19TH PL	Type of Action
MGR		MIAMI, FL 33179	Add
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		07/22/2018			
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record specifie: The 90th day af	s a delayed effecti ter the record is fi	ve date, but not led.	an effective time	e, at 12:01 a.m. on t	he earlier d
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00