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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	ст: <u>Во</u> г,	by Genius In-	fant Care Uc.	
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		Terronie	Whitick Name of Person	
			Firm/Company	
		249 Boulde	r rock drive	
		Palm Ca	ast FL, 3213 City/State and Zip Code ewagmail. Con o be used for future annual report notifi	7
		terroni	ewagmail. Con to be used for lature annual report notific	cation)
For furt	her information cor	ncerning this matter, please ca	itt:	
Te	ronie U	ShiHick Person	at (<u>561</u>) <u>863 - 5</u> Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
X \$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:

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

Daby Genius Intent Care CC.
(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 \(\frac{\z}{2/21/2019}\) and assigned Florida document number \(\frac{L}{19000051507}\). This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: \[\text{Baby Genius Infant & Tadder Daycare U.C.} \] The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name mass he distinguishable and contain me words. Entired Entirity Company, the designation of the devictions.
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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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an effective date Sote: If the date	if other than is listed, the date te inserted in the ective date on the	e must be specitī iis block does i	c and cannot b not meet the	applicable sta	of filing or matutory filing	ore than 90 day	(optional) vs after filing.) ts, this date w	Pursuant to 605.02 fill not be listed
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