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COVER LETTER

TO:	Registration Se Division of Cor			•	,,			
SUBJE	Little Learr	ning Preschool.	LAcademy of SWFL LLC					
SUBJE	C1		Name of Lin	nited Liability Compan	y			
The enc	losed Articles of	Amendment an	d fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	indence concert	 ing this matter 	to the following:				
		Dicumetta	Mare					
				Name of Perso				
		Little Leari	ning Preschool	Academy of SWFL	LLC			
				Firm/Company				
		1400 parky	yood palms bly					
				Address				
		Lehigh Act	es					
		Dieunnetta/a	City/State and Zip Code y ahoo.com					
			E-mail address: (to be used for luture ar	mual report notif	ication)		
For furti	her information c	oncerning this r	natter, please e	all:				
Dicumetta Marc			at (202-4641				
Name of Person				Area Code	Daytime	Telephone Number		
Enclose	d is a check for th	ne following am	jount:					
■ \$25	.00 Filing Fee	□ \$30,00 Fi Certific	ling Fee & ate of Status	□ \$55.00 Filing Certified Cop (additional copy	ρỳ	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registr Divisio P.O. Bo	ING ADDRES ation Section if of Corporatio ix 6327 assect F1, 32314	 	Reg Divi Clift 266	REET/COURII istration Section sion of Corpora ton Building I Executive Cer abassee, FL 323	itions iter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Little Learning Preschool Academy of SWFL LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on With this 14 P 1:39			
The Articles of Organization for this Limited Liability Compan Florida document number 1.19000119131	y were filed on May 1,32019 White virilliand assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
We Are Here For You Group Home Agency 1.1.C				
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	The principal office address will remain the same as before			
(Principal office address MUST BE A STREET ADDRESS)	1853 Royalview Drive Port Charlotte FL, 33948			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	office address on our records, <u>enter the name of the</u> re:			
The state of the s	Enter Florida street address			
	Florida			
	Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			
If Ch:	anging 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>			Address	Type of Action
AMBR	Brenth Mare		15210 Amberly Dr Apt 615 Tampa FL, 33647	
				☐ Remove
				Change
				☐ Remove
				Change
				Remove
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ited			<u></u>		·				
	4	Tour	10 to	Mr.	-62				
		<u>xwum</u> S	ignature of a m	ember or aut	horized represen	tative of a mem	ber		
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