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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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PART AGLICA

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: KIDZ DOSEMENT LL C. Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Deneque Parrish Name of Person |
| Yame of reison g |
| Firm/Company |
| BALL NW 9th St apt 6 |
| Furt. Laudérdale F1 33311 City/State and Zip Code |
| · |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| DINIQUIA HARRISH at 954 842. 9905 Name of Person at 954 Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$555.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lidz hasement L | LC 200 11 00 1:00 |
|---|--|
| (Name of the Limited Liability Compa (A Florida Limited | any <u>as it now appears on our records.</u>) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L/9()()/()/52</u> ,3 | were filed on $00/24/300$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | |
| The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Alga E HIISDOO BIVA. 3.3441 3.3441 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 312 E. Hillsburu Blvd. Bux # 200 Delifield Blach F1, 33443 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zin 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 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 |
|--------------|--------------|---------------|----------------|
| | | | □ Add |
| | | □Remove | |
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| 11 4111 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| If an ef Note: | ive date, if other than the date of filing: |
| e recoi rd is fi | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated | July 8th 1. 3020 |
| | Signature of a member or authorized representative of a member |
| | dans 1 ° Parish |
| | Typed or printed name of signee |