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COVER LETTER

TO:

Registration Section Division of Corporations

	loset Miami, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	indence concerning this matter	to the following:	
	Suzunne Carballo-Martine	z	
		Name of Person	
	My Kidz Closet Miami, I.	ı.c.	
		Firm/Company	
	14807 Breckness Place		
		Address	
	Miami Lakes, FL 33016		
	_	City/State and Zip Code	
	infokidzeloset@gmail.com	Address i Lakes, FL 33016 City/State and Zip Code zeloset@gmail.com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information e	oncerning this matter, please c	all:	
Suzanne Carballo-Martir	nez.	786 245-7036	
Name o	f Person	at () Area Code Daytime Telepho	ne Number
Enclosed is a check for the	ne 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 Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street.	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Kidz Closet Miami, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

r maonity Company)	
v were filed on 08/28/2019	and assigned
•	and assigned 55
bility company here:	
oility Company," the designation "LLC" or the	abbreviation "L.I.,C."
14807 Breckness Place	
Miami Lakes, FL 33016	
14807 Breckness Place	
Miami Lakes, FL 33016	
address on our records, enter the na	me of the new registered
Enter Florida street address	
, Florida _	
City ::	Zip Code
	Miami Lakes, FL 33016 14807 Breckness Place Miami Lakes, FL 33016 e address on our records, enter the na

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
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f an effective <u>Note:</u> If the	date is listed, the date inserted	han the date of e date must be spec in this block doe on the Departme	itic and cannot be not meet the	applicable sta	of filing or more that tutory filing requ	(option n 90 days after fi firements, this c	ing.) Pursuant to 6	05,0207 sted as
record spe d is filed.	cifies a delayed	l effective date, b	out not an effec	tive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day af	er the
Dated	ary 31		. 2020	·				
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_		Signatur	re of a member of	r authorized re	presentative of a m	ember		