1900030630

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(Document Number)	
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02/29/24 -01014--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Twenty First Century Tots, LLC 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:

Annie Gordon Twenty First Century Tots LLC 1630 Pottsburg Point Dr Jacksonville FL 32207 City/State and Zin Code 21st Century tots & 9 Mail . CO.M F-mail address: (to be used for auture annual report notification)

For further information concerning this matter, please call:

at $(\frac{904}{\text{Area Code}})$ $\frac{400 - 4932}{\text{Davtime Telephone Number}}$ Annie Gordon

Enclosed is a check for the following amount:

E \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Twenty First Century (Name of the Limited Liability Compa (A Florida Limited 1	TO +S LL 2024 KAR 29 AM 10: 34 ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company	were filed on Sept. 12 2019 and assigned
Florida document number $L/9000230630$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable 21^{s+} Century Tots LLC The new name must be distinguishable and contain the words "Limited Liabil	lity company here:
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	A/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A/A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Enter Florida street address
	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> <u>Name</u> **Type of Action** Address ⊡Add □Remove Change □Add Remove □Change □Add □Remove Change /\/ NA □Add Remove □Change $\Lambda /$ 'A N/ □Add □Remove □Change □Add □Remove

Change

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D. If amending any other information, enter change(s) here: (Attach additional sheet.	; if necessary.)
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If the record 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 record is filed.

Dated March 21. 2024. And Annue Signature of a member or authorized representative of a member Annic Gordon Typed or printed name of signee