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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	KID'S CULTURE LEARNING ACADEMY LLC
	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	prespondence concerning this matter to the following:
	MIRACLE CARTER
	Name of Person
	KID'S CULTURE LEARNING ACADEMY LLC
	Firm/Company
	7230 SW 18TH PL
	Address
	GAINESVILLE, FL 32607
	City/State and Zip Code
	perksfamilytax@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Miracle	Vame of Person at (352) 213-1675 Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
★ \$25,00 Filing 1	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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**

KID'S CULTURE LEARNING ACADEMY LLC

(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 Li	ability Company were filed on	October 24, 2019	and assigned
Florida document numberL19000266829			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	. <u></u>	
	EET ADDRESS) 1020 FEB		
			FEB
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		<u>→</u> , j į
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B. If amending the registered agent and/or ragent and/or the new registered office address		records, <u>enter the</u> na	ame of the new registered
Name of New Registered Agent:	MICHAEL A PERKINS		
New Registered Office Address:	2411 NE 13TH AVENUE		
	Enter Flo	orida street address	
	GAINESVILLE	, Florida	32641
	City	e designation "LLC" or the abbreviation "L.L.C."	
New Registered Agent's Signature, if changing k	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>	Address	Type of Action
MGR	JOSEPH CARTER JR		🗀 Add
		7230 SW 18TH PL	ZRemove
		GAINESVILLE, FL 32607	☐ Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			
	-	4F-04-2	□Add
			□ Remove
			☐ Change
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			□ Remove
		 	□Add
			□Remove
			□Change

s filed. February 5th 2020					<u>-</u>	 		
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Signature of a member or authorized representative of a member		1A	X_	>	_			
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