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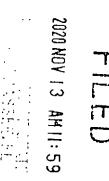
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COVER LETTER

Division of Corporat	ions		
SUBJECT: HOM	a for MILL Name of Limited	S LLC d Liability Company	.
The enclosed Articles of Amen Please return all correspondence			
ڵ	ennifer N.	ballagher Name of Person	
_	Mama for	MIUS, LLC Firm/Company	
_	2814 Gra	ancle PKWY U	nit 107
<u>.</u>	Jennifer . Qa E-mail address ao	NGARDENS FL City/State and Zip Code MAGNUT 2 QAN be used for atture annual report notificati	- 33410 1ail. com
For further information concer-	ning this matter, please call:	:	
Jennifer U Name of Perso	<u>zallagher</u>	at (50) 914 – L Area Code Daytime Tel	ephone Number
Enclosed is a check for the following	lowing amount:		
□ \$25.00 Filing Fee X	\$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)

TO:

Registration Section

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

Mama for Mile	S, LLC
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 20000 i 5 3 2 1</u> . This amendment is submitted to amend the following:	ny were filed on 182020 and assigned ability company here:
A. If amending name, enter the new name of the limited li	ability company here:
single Parenting Solution	INS LLC 0 1-7-7
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2814 Grande Pkiniy : Unit 107 Palm Beach Gardens, FL 33410
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2814 Grande Pkwy Unit 107 Paim Beach Gardens, FL 33410
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: Jenr	lifer Gallagher
New Registered Office Address: 2814	Grance Pkwy Unit 107 Enter Florida street address
Palm	Beach Garden 33410 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.

f 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
1MBR	Jennifer Gallagher	2814 Grande PKWY	□Add
	-	Unit 107	
		Paim Beach Gardens, Fl 33410	Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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an effective date i lote: If the date	if other than the da s listed, the date must be inserted in this block tive date on the Depa	specific and car does not meet	not be prior to t the applicab	date of filing or r le statutory filin	nore than 90 days :	ptional) after filing.) Pu this date will	rsuant to 605.0.
	a delayed effective do	ite, but not an	effective time	e, at 12:01 a.m.	on the earlier o	f: (b) The 90)th day after t
d is filed.	<u>vember</u>	2	3020	.•			

Filing Fee: \$25.00