## L200076988

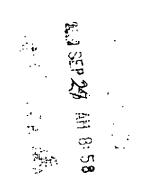
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## **COVER LETTER**

\* Kaprouss \*

TO: Registration Division of C						
GONMA SUBJECT:	R KIDS, LLC					
SOBJECT.	Name of Lin	uted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are suf	omitted for filing.				
Please return all corres	nondence concerning this matter	to the following:				
	MARIA FERNANDA FE	RSACA				
		Name of Person				
	MFF SOLUTIONS LLC					
	Firm/Company					
	142 NW 37TH STREET					
	Address					
	MIAMI, FL 33127					
		City/State and Zip Code				
	ADMIN@MFFASSOCIAT	TES COM (to be used for future annual report not	Tie and the			
For further information	concerning this matter, please c	·	mea(on)			
MARIA FERNANDA FERSACA  Name of Person		786 842-0071				
		Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclose			

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

RECEIVED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26008 | 25 AURIL: 19

GONMAR KIDS, 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 Liability Company were filed on  $\frac{MARCH 9, 2020}{MARCH 9, 2020}$ \_\_\_\_ and assigned Florida document number  $\frac{1.20000076988}{1.20000076988}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_. Florida \_\_ 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>	Address	Type of Action
MGR	ANABELLA GONZALEZ	3939 COUNTRY CLUB LANE	
		FORT LAUDERDALE, FL 33308	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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TOTE:	ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prio tee. If the date inserted in this block does not meet the applicament's effective date on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605,0207 () cable statutory filing requirements, this date will not be listed as the
he reco ord is fi	cord specifies a delayed effective date, but not an effective t s filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	ed SEPTEMBER 23 2020	<u> </u>
Dated	! I i IZ	$^{\circ}$
Dated	Ulai	
Dated	Signature of a member or duth	orized representative of a member

Filing Fee: \$25.00