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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Cor		1	
Juanchi's K		,	
SUBJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kenneth Bohannon		
		Name of Person	
	Coronado Law Group, PLI	LC .	
		FirmtCompany	
	221 N. Causeway, Ste. A		
		Address	
	New Smyrna Beach, FL 31	2169	
	-	City/State and Zip Code	
	kbohannon@CFLLawyer.co		
	E-mail address: (to be used for future annual report no	otification)
For further information c	oneerning this matter, please c	all:	
Kenneth Bohannon		386 427-5227	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Mont	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juanchi's Kidz, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Ciability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 03/26/2020	and assigned
lorida document number L20000090349		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" or t	the abbreviation L.L.C."
Enter new principal offices address, if applicable:		Z=
Principal office address MUST BE A STREET ADDRESS)		, 20
Enter new mailing address, if applicable:		∸ : ₩ ·~*
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
AMBR	Amy Guevera	4070 Smith Road	🗆 Add
		New Smyrna Beach, FL 32168	■Remove
			Change
AMBR	Amy Guevara	4070 Smith Road	= Add
		New Smyrna Beach, FL 32168	□Remove
			□Change 2020 □Add
			Remove
			□ Change
			□Remove
			□Change
			□Add
	·		Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		·····	□ Add
			Remove
			□Change

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Signature of a member or authorized representative of a member			day after the
	Dated	April 1 2020	
Kenneth Robannon		Signature of a member or authorized representative of a member	
		Kannath Robannan	

Filing Fee: \$25.00