LZO 000184927

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
		
(D	ocument Number)	
Cartified Casins	Cortificator	of Status
Certified Copies	Certificates	s or oracus
<u> </u>		
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

ECT: ELITE	MOTHERBABYCA Name of Limit	QE LIZ	· · ·	
	Amendment and fee(s) are submodence concerning this matter t			
	CHRISTINE	C · VANDEYAR - W. Name of Person	1 SF	
	ELITE MOTHER	BABYCARE, LLC Firm/Company		
	355 COCK	LE SHELL LOOP Address	7820 S	۱۰ + مسیر ۱۱ - ۱۲
	APOLLO BE	ACH FL 33572 City/State and Zip Code	0.5	,
	E-mail address: (i	o be used for future annual report notifi	m PR	, .
unther information co	oncerning this matter, please ca	ill:	PH 2: 10	, ,
RISTINE VP Name of	INDEYAR - WISE Person	at (301) 273 Daytime	5115 Telephone Number	
osed is a check for th	ne following amount:			
, \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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

FLITE MOTHER BABUCAR (Name of the Limited Liability Compan (A Florida Limited Liability Compan)	E LLC iv as it now appears on o liability Company)	ur records.)	
Articles of Organization for this Limited Liability Company da document number <u>L2 0000 i 84 9.2.7</u>			20 and assigned
amendment is submitted to amend the following:			
f amending name, enter the new name of the limited liabi	lity company here:		
ELITE MOTHER BABYCARE ew name must be distinguishable and contain the words "Limited Liabil		otion "LIC" or the	abbreviation "L.L.C."
	ny company, me ecsigne	./ / ^	- 2
er new principal offices address, if applicable:		N./12	
ncipal office address MUST BE A STREET ADDRESS)			
		10	7. 2
er new mailing address, if applicable:		N_/A	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
illing address MAY BE A POST OFFICE BOX)	<u></u>		
			
If amending the registered agent and/or registered office and and/or the new registered office address here: Name of New Registered Agent:	address on our recor	ds, enter the m	ime of the new registered
New Registered Office Address:	·		
	Enter Florida si	treet address	
		, Florida .	Zip Code
	Ciţ		гір Сопе
Registered Agent's Signature, if changing Registered Agent:			
reby accept the appointment as registered agent and agr visions of all statutes relative to the proper and complete ept the obligations of my position as registered agent as p ing filed to merely reflect a change in the registered office apany has been notified in writing of this change.	performance of my provided for in Chap	duties, and Lai nter 605, F.S. C	n familiar with and Or, if this document is
16 (2)	alian Declinary d Agent 1	Signature of New	Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

₹= Manager

3R = Authorized Member

	Name	Address	Type of Action
			
			□Remove
			□Change
_			
			□Remove
			□ Change
			Add <mark>⇔</mark>
			Remove PH 2:
		1,27,10	□Change
			□Remove
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	2020 SEP
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re date, if other than the date of filing:	of filing or more than 90 days after thing.) Pursuant to 605.0207
specifies a delayed effective date, but not an effective time, at 1 d.	12:01 a.m. on the earlier of: (b) The 90th day after the
September 14th, 2020	
Charles of a member or authorized to	ev- Wise
> (Signature of a member of naturalization	•

. . . .

Filing Fee: \$25.00