L20000188563

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Registration Section

| Division of Cor | porations | | | | |
|---|--|---|--|--|--|
| TAMPA D | AYCARE CENTER LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | RAINA E MAMORE | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 8761 N 56TH ST #16323 | | | | |
| | | Address | | | |
| | TAMPA, FL 33617 | | | | |
| | | City/State and Zip Code | | | |
| | radouarde@GMAIL.COM E-mail address: (| to be used for future annual report no | tification) | | |
| For further information c | oncerning this matter, please c | | | | |
| RAINA E MAMORE | | 813 808-0109 | | | |
| Name o | f Person | at () Area Code Daytii | me Telephone Number | | |
| Enclosed 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) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| <u>Mailing Addres</u> Registration S | Section | Street Address: Registration S | | | |
| Division of Corporations P.O. Box 6327 | | Division of Co The Centre of | • | | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMPA DAYCARE CENTER 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 Florida document number $\frac{L20000188563}{L20000188563}$ | ability Company | were filed on $\frac{07/02/2}{}$ | 020 | and assigned | |
|---|-------------------------------|----------------------------------|--------------------------|-------------------------|--|
| This amendment is submitted to amend the follo | owing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| TAMPA DAYCARE CENTER LLC | | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the design | ation "LLC" or the abl | previation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 8761 N 56TH ST #16323 | | | |
| rincipal office address MUST BE A STREET ADDRESS) atter new mailing address, if applicable: **Idalling address MAY BE A POST OFFICE BOX** If amending the registered agent and/or registered office address on our records, enter the ent and/or the new registered office address here: | | | | | |
| B. If amending the registered agent and/or r | egistered office : | TAMPA FL 33617 | | e of the new registered | |
| Name of New Registered Agent: | REGISTERED AGENTS INC. | | | | |
| New Registered Office Address: | N SUITE 300 Enter Florida st | treet address | | | |
| | ST PETERSBU | JRG | Florida _ ³³⁷ | 702 | |
| | | 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 |
|--------------|----------------|-----------------------|----------------|
| MGR | RAINA E MAMORE | 8761 N 56TH ST #16323 | Add |
| | | TAMPA FL 33617 | □Remove |
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| ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Department. | late of filing: be specific and cann- ck does not meet t | he applicable sta | of filing or more that to the state of the s | (optionan 90 days after quirements, this | filing.) Pursuant to | 605.020 listed a |
| record specifies a delayed effective | date, but not an ef | ffective time, at | 12:01 a.m. on th | ne earlier of: (b |) The 90th day | after the |
| is filed. | | | | | | |
| is filed. OCTOBER 28TH | 20 | 20 | | | | |
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| OCTORER 28TH | . 20 | 20 | | ~ce | | |

Filing Fee: \$25.00