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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Micola Whitehall Family Child Core 1
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michala Whitehal
Wichola Whitchall tamily Children
152 Vatencia St
Royal Palm Brach F 38411 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 531-7627 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

Micola Wh	itchall Ya nited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Compliny)	records.)	UC	
The Articles of Organization for this Limited		vere filed on <u>\$7</u>	13 2020	and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name The new name must be distinguishable and contain the Enter new principal offices address, if appl (Principal office address MUST BE A STRE	takilly Clability words "Limited Liability licable:	y Company," the designati	ncia SI	reviation "L.L.O"	- - -
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE	E BOX)				-
B. If amending the registered agent and/or agent and/or the new registered office addr		Idress on our records	s, enter the name	of the new register	red
Name of New Registered Agent: New Registered Office Address:	Michola 152 V	Whiteha Wen(ja 57 Enter Florida stre	R.R.B.	Jasagir F	
	8.9.8	City ~	Florida	33411 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 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
MER_	Wichola Whitehal	152 Volencia ST RPBA	□Add
		R.P.B, FT 33411	□Remove
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