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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BILLING 247 Babysithas SCIVICES Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Briting Marshall Name of Person
Incredible Sitters 247 LLC Firm/Company
ilea nn 108th are
plantation F1 33322 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brithaly Marshall at (954) 901 9545 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 KOY 29 PH 4: 10

	OF	SECRETARY OF MINIS
Brithneys 247 B	babysitting	services LLC
(Name of the Limited Liability Co	mpany as it now appears ited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp Florida document numberL_2_0_0002_Z		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	fiability company her	<u>:</u> :
Incredible sitters 21	17 LLC	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	ability Company," the des	griation "L.L.C." or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
		. Florida
	Сау	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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> ______ □Remove _____ Remove _____ Change □Remove _____ Change Remove _____ Change ____ □Add

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an eff Note:	ive date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	11/08/2021
	- Brusshoff
	Signature of a member or authorized representative of a member GIHNEY MASMALL

Filing Fee: \$25.00