LZC000247939

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Dayunaah Numbaa)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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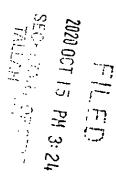




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JA.
11/18/20

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
	TE DAY CARE LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARIE ALPHONSE			
		Name of Person		
	POUPETTE DAY CARE	LLC		
		Firm/Company		
	16710 NE 9TH AVE STE	#203		
		Address		
	NORTH MIAMI/FL 3316	2		
		City/State and Zip Code		
	POUPETTE0620@GMAII			
The found of the conti		to be used for future annual report not	incution)	
For juriner information	concerning this matter, please o	ан;		
MARIE ALPHONSE		305 244-4933 at ()		
Name (of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the 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)	
Mailing Addre		Street Address:		
Registration Division of 0		Registration Section Division of Corporations		
P.O. Box 63	•	The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POUPETTE DAY CARE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fibrida	Enfined Elability Company)
The Articles of Organization for this Limited Liability Co Florida document number 1,200,002,47939	ompany were filed on 08/13/2020 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Cock

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>	<u>Address</u>	Type of Action
MGR	MARIE ALPHONSE	16720 NE 9TH AVE N. MIAMI, FL 33162	= Add ·
			□Remove
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	<u> </u>
Note:	ive date, if other than the date of filing:
ne reco ord is f	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	10/9/20 12020
	March Mhal
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00