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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JODI RONEN		
		Name of Person	
	JG CONSULTING SERV	ICES, LLC	
		Firm/Company	;
	5481 WILES RD STE 502	:	:
	<u> </u>	Address	
	COCONUT CREEK, FL 3	33073	
		City/State and Zip Code	
	JODI@ACCU-TAX.TAX		
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	ail:	
JODI RONEN		754 220-8270 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of 7	•
Tallahassee, l		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAYTIME COUNSELING, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our r Limited Liability Company)	ecoras.)
	10/20/20	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number 1.20000332091	<u></u> ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDR	(ESS)	
		2.4
Enter new mailing address, if applicable:	<del></del>	, -
(Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or registered	d office address on our records, <u>e</u>	nter the name of the new reg
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uldress
		Florida
<del></del>	Cin	Zin 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
MGR	LOTEM BROWN	4244 APPALACHIAN ST	
		BOCA RATON, FL 33428	■ Remove
			□ Change
MGR	LOTEM ELMALAH	4244 APPALACHIAN ST	<b>≣</b> Add
		BOCA RATON FL 33428	□Remove
			☐ Change
			Remove
			□Change
		<del></del> .	□Remove
			□Change
			□Add
			□Remove
			□Change

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effective date is listed, the date must te: If the date inserted in this blo	or specific and cannot be prior to ck does not meet the applicab	le statutory filing requireme	nts, this date will not be listed	l as
ument's effective date on the De	partment of State's records.			
cord specifies a delayed effective	date, but not an effective time	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after	the
s tiled.				
ed	2020	, •		
		zed representative of a member	·	

Typed or printed name of signee