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(Re	equestor's Name)	
,	,	
(Ac	ddress)	
(Ac	idress)	_
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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04/05/21--01021--016 **25.00



S.C.

COVER LETTER

TO: Registration Secti Division of Corpo	rations *		
SUBJECT:	vonderland	Kids books Li	<u>.</u> (
	Name of Lim	ited Liability Company	
		1. 10 GP	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Ein Green	
		Name of Person	
		Firm/Company	
	63	95 4th LN Address	
		Address	2016
		Vero FL S	2968
		Vero FL 3 City/State and Zip Code Wonderland Kids b	NKS D Smail.
	E-mail address: (to be used for future annual report notific	ation)
For further information con-	cerning this matter, please co	ail:	
<i>C</i> :	_	at (727) 27	7-3862
Name of Po	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			© 1021
Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Street Address: Registration Sect Division of Corpe The Centre of Ta	orations on
Tallahassee, FL	32314	2415 N. Monroe Tallahassee, FL 3	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

		and assigned
Florida document number	0.01	alitian till
This amendment is submitted to amend the following:	01119	editing title
A. If amending name, enter the new name of the limited li		
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new register
agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, e	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street a	ddress
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street a City	ddress

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added on removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Erin Grun	6395 4th LN FL 72968	
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	<u>* </u>		□Add
			□Remove
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			APR □
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41111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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CC a a t	and dotal if whom there the date of filling.
	ve date, if other than the date of filing: (optional) extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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rocor) I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th (by after the
is fil	ed.
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	Signature of a member or authorized representative of a member
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