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Butterfly's Investment LLC SUBJECT: 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: Eveleena Pritchett Name of Person Butterfly's Investment LLC Firm/Company 478 NE 210th Circle Ter Apt 101 Address Miami FL 33179 City/State and Zip Code butterflysinvestment@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 203-9121 Eveleena Pritchett Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Registration Section

Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

Butterfly's Daycare LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 15, 2021 and assigned Florida document number ____L21000175308 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Butterfly's Investment LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. C." 478 NE 210th Circle Ter Apt 101 Enter new principal offices address, if applicable: Miami FL 33179 (Principal office address MUST BE A STREET ADDRESS) , SAME 478 NE 210th Circle Ter Apt 101 Enter new mailing address, if applicable: Miami FL 33179 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new iregis agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply will 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Elorido streat address

or removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Tîtle</u>	Name	Address	Type of Act
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