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COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327

SUBJECT: Florida Subject Mame of Limited Liability Company	d Care Agency LC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Firm/Company	. Child Care Agency a
836 Lark St A Address	
Tort Without Rec	rch, +1 32547
E-mail address: (to be used for future annual of	report notification) Con
For further information concerning this matter, please call:	
Name of Person at (850) S	Daytime Telephone Number
Enclosed is a check for the following amount:	- 1 to 1 t
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enco	Certificate of Status &
Mailing Address: Street Ad Registration Section Registra	Idress: ation Section

Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flore Company as It now appears on our records.)

(Name of the Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	mpany were filed on 05/05/2001 and assigned
Florida document number <u>L 21000209449</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
R If amending the registered agent and/or registered	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	ornce address on our records, enter the hame or the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida F
	City Zip Gode 1 1
New Registered Agent's Signature, if changing Registered	· · · · · · · · · · · · · · · · · · ·
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Carrey Regircul	836 LOTK St	🗆 Add
	· ·	Apt A	□Remove
		Fort Walton Barch, ?	Change
AMBR	Cairon, Praincid	836 LUTK 5+	tvAdd
		Apt A	□Remove
		Fort withon Beath H	□Change
MGR	Trusty Adings	836 LOOK St	□Add
		Api A	Okemove
		Fort Walton Beath	·
MGR	World, Melissa	836 LOTK St	BAdd :
		Apt A	CRemove
		Fort Wilton Bean	(B)Change
AMER	world, Melissa	836 LOFK 51	₩Kdd
	Apt A		
		Fort Walten Beach	☐ Change
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			□Remove
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(If an effective date Note: If the date	if other than the date is listed, the date must be inserted in this block ctive date on the Department of the Department	e specific and canno c does not meet th	ie applicable statu	filing or more than story filing requir	(option 90 days after fil ements, this d	ing \ Pursu	ant to 605 of be list	5.0207 (1 ed as th
ne record specifies ord is filed.	s a delayed effective d	ate, but not an eff	fective time, at 12	:01 a.m. on the c	arlier of: (b)	The 90th	day after	r the
Dated A	15t 17th	, 21	<u> </u>					
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