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A. BUTLER MAY 16 2022

COVER LETTER

TO:

	gistration Section of Corp					
	Sunshine Kids Academy, LLC					
SUBJECT:		Name of Limi	ited Liability Company			
The encloses	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please returi	i all correspo	ndence concerning this matter	to the following:			
		Alex Christopoulos				
			Name of Person			
		Sunshine Kids Academy, I				
	Firm/Company					
		63 Patricia Ave				
	Address					
Dunedin, FL 34698						
		alex@schoolchoicecpa.net	City/State and Zip Code			
For further i	ntormation c	E-mail address: () oncerning this matter, please ca	to be used for future annual report no all:	otification)		
Alex Christ			727 455-6537			
	<u>-</u>		at () Area Code Dayt	·····		
	Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	■ \$30.00 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)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration S				
Division of Corporations			Division of C	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314		2410 IN. MOII	roc street, suite 910			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sunshine Kids Academy, LLC

2022 APR 14 PM 3: 49

Zip Code

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	is as it now appears on our fecords iability Company) TALLA	ARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Emergent Kids Preschool, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 office a agent and/or the new registered office address here:	ddress on our records, <u>enter (</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida

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.

City

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
			□Add
			□Remove
			□Change
			□Add
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E. Effective date, if other than the date of fili (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of	ing:
If the record specifies a delayed effective date, but n record is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Marcy 18	. <u>7</u> 227
Signature of	a member or authorized representative of a member
Alex Christopoulos	
	Typed or printed name of signee

Filing Fee: \$25.00