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T. MATTHEWS MAR 24 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor			
MILLY'S L SUBJECT:	ITTLE SCHOLARS "LLC"		
	Name of Lim	nited 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:	
	RAHKELL BALLARD		
		Name of Person	.
	MILLY'S LITTLE SCHOOL	LARS "LLC"	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1150 NW 13TH STREET	APT 164C	
		Address	
	BOCA RATON, FL 33486	5	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	BAREFOOTAXMAN@YA		<u> </u>
		to be used for future annual report no	ification)
For further information co	oncerning this matter, please c	all:	
RAHKELL BALLARD		561 374222 at ()	
Name o	f Person	Area Code Daytir	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sc	nation
Division of C		Registration So Division of Co	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.. **22** i % 15 (1) 12: 01

MILLY'S LITTLE SCHOLARS "LLC"		
(Name of the Limited Liability (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on January 11, 20.	22 and assigned
Florida document number 1.22000025416	_ ∙	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, ent	er the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip 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
AR	KELLYE COOPER	1150 NW 13TH STREET APT 164C	□ Add
		BOCA RATON, FL 33486	■Remove
			□Change
AMBR	CHARLES COCKLIN	1150 NW 13TH STREET APT 164C	□ Ad d
		BOCA RATON, FL 33486	■Remove
			□Change
			□ Add
			□Remove
		□Change	
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becoment's effective date on the E	lock does n	ot meet the a	pplicable st	of filing or m	ore than 90 d g requireme	ays after fili	ng.) Pursuant	to 605.0207 oe listed as t
record specifies a delayed effecti l is filed.	/e date, but	not an effect	ive time, at	12:01 a.m.	on the earlie	er of: (b)	The 90th da	y after the
ated March 03		2022	··					
	<i>A</i> 1		\sim	/				
	Mah	hall o	Hallo	d.	of a member			