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Division of Corporations

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOTS TOTS PRESCHOOL LIMITED LIABILITY COMPANY

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M. SOLOMON

MAR 18 2024

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H240001C16733

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOTS TOTS PRESCHOOL LIMITED LIABILITY COMPANY

(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 02-04-2022 and assigned
Florida document number 122000060552.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DOTS TOTS PRESCHOOL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

628 S BAY STREET

(Principal office address MUST BE A STREET ADDRESS)

EUSTIS, FL 32726

Enter new mailing address, if applicable:

628 S BAY STREET

(Mailing address MAY BE A POST OFFICE BOX)

EUSTIS, FL 32726

B. 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LATORIA POWELL	2749 GRAND CENTRAL AVENUE	☒ Add
		TAVARES, FL 32778	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 15 2024

Shane

Signature of a member or authorized representative of a member

LATORIA POWELL

Typed or printed name of signee

Filing Fee: \$25.00