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SECRETARY OF STATE
TAIL ALL ASSECTE
TAIL ASSECT

COVER LETTER

' TO:

Registration Section

Division of Cor	porations	•	
SUBJECT: The	Clubhouse K Name of Lim	ids LLC ited Liability Company	•
	Amendment and fec(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Alexis	Kenton Name of Person	
	The Club	house Kids 220 Firm/Company	
	AUII Bee	Ridge Rd Ste 11	<u> </u>
	Sarasota	FL 34 293 City/State and Zip Code	
	Heclubhou E-mail address: (ISE Kids II Comail. Co	om iffication)
For further information c	oncerning this matter, please c	all:	
Alexis K	Person	at (<u>941</u>) <u>278 -</u> Area Code Daytir	2181 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Se Division of Co	
Division of C P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Club	NOUSE KIAS LLC	opper \
(Name of the Limite	A Florida Limited Liability Company)	corus.)
The Articles of Organization for this Limited Lia Florida document number <u>L2200014</u>		2022 and assigned
This amendment is submitted to amend the following	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		2022 AU SECRE TALL
(Mailing address MAY BE A POST OFFICE B	BOX)	12 2
B. If amending the registered agent and/or re		oter the name of the new registered
agent and/or the new registered office address		E 80
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		. 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>	<u>Address</u>	Type of Action
MGR_	Smith Aiden	4411 Bee Ridge Rd.,	□Add
		Suite 111	ZRemove
		Sarasota FL 34233	□Change
man Welch Ace	Welch Ace	4411 Bre Bidge Rd	□Add
		Ste III	Z Remove
		Socasota, FL 34233	□Change
			□ Add
			□Change
			□Remove
			□Change
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i an ei Note:	ive date, if other than the date of filing: 09 22 20 22 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recoi d is fi	ed 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 led.
	8 22 2022
)atcd	
)ated	Adamor
)ated	Signature of a member or authorized representative of a member