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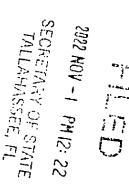
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
FORKIDS	S FL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIA GREBE		
		Name of Person	
		Firm/Company	
	1026 NE 202 LANE		
		Address	
	MIAMI-FL-33179		
		City/State and Zip Code	
	solucionesenmiami@gmail.	com to be used for future annual report not	tification)
For further information	concerning this matter, please c		inculon,
MARIA GREBE		786380796;	5
			ne Telephone Number
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addra</u> Registration		<u>Street Address:</u> Registration So	ection
Division of Corporations		Division of Co	rporations
P.O. Box 63		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	FL 34314	Z410 IV, MIOIII	or onect, outle ord

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORKIDS FL LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000176829	iability Company	were filed on	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	tity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)		N/A	
Enter new mailing address, if applicable:		N/A	2022 SEC: TA
(Mailing address MAY BE A POST OFFICE BOX)		N/A	VO T
		·	#0 + T
			SE CS PH
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter th</u>	ne name of the new cegisters
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-		Enter Florida street address	
		, Flor	
		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>	Name	Address	Type of Action
MGRM	CLAUDIA CASTILLO	1026 NE 202 LANE-MIAMI-FL-33179	■Add
			□ Remove
			Change
N/A	N/A 		□ Add
			□Remove
			□Change
	N/A		□Add
N/A 			Remove
		□Change	
	N/A		□ Add
			□Remove
			□Change
	N/A		□Add
			Remove
		□Change	
			□Add
			□Remove
			□Change

	N/A
•	
•	
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,	
	
Effect	ive date, if other than the date of filing: (optional) (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
docun	nent's effective date on the Department of State's records.
	1
е гесо	rd 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
rd is f	led.
	10/27/2022
Dated	10/27/2022
	Signature of a member or authorized representative of a member