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| Special Instructions to I | Filing Officer:   |                |
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## **COVER LETTER**

| ro:           | Registration Sec<br>Division of Corp |   |                       |  |
|---------------|--------------------------------------|---|-----------------------|--|
|               |                                      |   |                       |  |
| SUBJEC        | JT:                                  | Name of Limi  | ted Liability Company |  |
| The encl      | osed Articles of A                   | Amendment and fee(s) are subr   | nitted for filing.    |  |
| Please re     | eturn all correspor                  | ndence concerning this matter t   | to the following:     |  |
|               |                                      | Footsteps Academy Center LLC  Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  rrespondence concerning this matter to the following:  Kiana Suarez  Name of Person  N/A  Firm/Company  3012 35th st sw  Address  Lehigh Acres. Fl 33976  City/State and Zip Code  lemurspartyrentals@gmail.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  Ame of Person  at ( |                       |  |
|               |                                      |   | Name of Person        |  |
|               |                                      | N/A   |                       |  |
|               |                                      |   | Firm/Company          |  |
|               |                                      | 3012 35th st sw   |                       |  |
|               |                                      |   | Address               | <del>,</del>                           |
|               |                                      | Lehigh Acres, Fl 33976  |                       |  |
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|               |                                      | , , , , , ,   |                       | <del> ,</del>                          |
| For furth     | ner information co                   |   |                       | ication)                               |
| Christia<br>— | n Mojica                             |   | at ()                 |  |
|               | Name of                              | Person  | Area Code Daytime     | : Telephone Number                     |
| Enclosed      | d is a check for th                  | e following amount:   |                       |  |
| <b>■</b> \$25 | .00 Filing Fee                       |   | Certified Copy        | Certificate of Status & Certified Copy |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

| Little Footsteps Academy Center LLC   | 2022 JUN 21 PM 2: 21  |
|---|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited)   |   |
| (A Florida Limited )  | Liability Company)  TALLAHASSEE, FL                               |
|   | SANO2   |
| The Articles of Organization for this Limited Liability Company   | were filed on 5/11/22 and assigned                                |
| Florida document number 1.22000222208   |   |
|   |   |
| This amendment is submitted to amend the following:   |   |
|   | an.   |
| A. If amending name, enter the new name of the limited liab   | oility company here:  |
|   |   |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
|   | 4718 Old Hwy 37   |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   | Lakeland, Fl. 33813   |
|   |   |
|   |   |
|   |   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
|   |   |
| m to the state of | address on our records anter the name of the new registi          |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our records, enter the name of the new registe         |
| agent and/or the new registered office address here.  |   |
|   |   |
| Name of New Registered Agent:   |   |
|   |   |
| New Registered Office Address:  | Enter Florida street address                                      |
|   | EMEC FROM MICEL MAN CO.   |
|   | , 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.

Cin

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 |
|--------------|------------------|------------------------|----------------|
| AMBR         | Christian Mojica | 3012 35th st sw        | ■Add           |
|              |                  | Lehigh Acres, FL 33976 | □Remove        |
|              |                  |                        | □Change        |
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| Effective date, if other than                             | 5/11/22   | (optional)                             |  |
| f an effective date is listed, the date                   | must be specific and cannot be prior to date of filing s block does not meet the applicable statutory | or more than 90 days after filing.) Pu | rsuant to 605.0201<br>I not be listed as |
|   | e Department of State's records.  |  |  |
|   | ective date, but not an effective time, at 12:01 a  | .m. on the earlier of: (b) The 90      | )th day after the                        |
| e record specifies a delayed effe                         |   | •                                      | •  |
|   |   |  |  |
| rd is filed.  | 2022  |  |  |
| rd is filed.  | 2022  |  |  |
| e record specifies a delayed efferd is filed.  Dated 6/15 | Signature of a member or authorized representa  | ative of a member                      |  |