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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : 120000000087 : (561)394-7910 Fax Number : (561)393-6541

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WESTCHASE EARLY LEARNING CENTER, LLC

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(((H2200239486 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTCHASE EARLY LEARNING CENTER, LLC

Name of the Limited Liability Compa (A Florida Limited	ny as it now appe Liability Company	ars on our red	ords.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000233852</u> .	were filed on _	5/31/2022		ä	nd assi	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	llty company	here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the	designation "	LLC" or the	: abbreviat	ion "1, 1	– –
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>en</u>	ter the n	ame of the	<u>не пеж</u> 2022 JI	regist
Name of New Registered Agent.						
New Registered Office Address:	Enter Fl	arida street ud		74.7 <u>48</u> 8 10 8	Hd th	0371
	City	·	Florida	Zip	Code	_
New Registered Agent's Signature, if changing Registered Agent:				9 ~11	8 1	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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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(((H22000239486 3)))
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
MGR	SCOTT ALTSCHULER	9135 LAKE WORTH ROAD	■Add
		LAKE WORTH, FL 33467	□Rcmove
			☐ Change
MGR	JEFF ALTSCHULER	9135 LAKE WORTH ROAD	1.lAdd
	LAKE WORTH, FL 33467		
		\(\textsquare \) \(\textsquare \)	
MGR	SANDRA MONTOYA	9135 LAKE WORTH ROAD	∐ Add
	LAKE WORTH, FL 33467		
		Change	
			LīAċd
		□Remove	
			☐ Change
		DbAtl	
		= Remove	
			Change
			
			Remove
			UChange

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f amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
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ADART II IDE HETE HEROL	er than the date of filing: (optional) It the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0207 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ate on the Department of State's records.
record specifies a dela l is filed.	syod effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	2022
	Signature of a member or authorized representative of a member
	JEFF ALTSCHULER
	Typed or printed name of signer

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