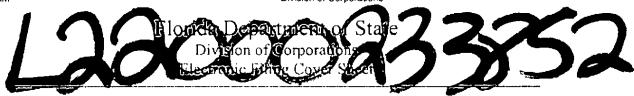
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Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000086899 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : 12000000087 Phone : (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

Certificate of Status	l .
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Help

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To:

(((H24000086899 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WESTCHASE	EARLY LEARNING CENTER,	LLC		
(Name of the Limited	Liability Company as It now app Florida Limited Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Lia	bility Company were filed on	05/31/2022	and assig	med
Florida document number	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company	here:		
The new name must be distinguishable and contain the wo	rds "Emitted Liability Company," th	e designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, it applica	ble;			
(Principal office uddress MUST BE A STREET	ADDRESS)			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on ou here:	r records, <u>enter the na</u>	ame of the 20 HAR	registered
Name of New Registered Agent:				
New Registered Office Address:	8401 LAKE WORTH ROA		<u> </u>	_ .
		Florida street address	<u></u>	O
	City	Florida	24 CAD	
	t ny		74 COIL	

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

(((H240000868993)))

. Page 4 of 5

(((/+24000 56899 3)))
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 = AMBR	Munager Authorized Member	11/4	
<u>Title</u>	Name	Address MA	Type of Action
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