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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Considerations to Filling Officer
Special Instructions to Filing Officer.





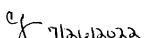
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2022 JUL 26 MHO: 50



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of C			
HAPPY"	TIME PRESCHOOL OF FLORIE)A	
Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	ROBERT HOOKER		
		Name of Person	
	HAPPYTIME PRESCHO	OL OF FLORIDA	
	-	Firm/Company	
	2017 W REDDICK DR		
		Address	
	Perry 32347		
		City/State and Zip Code	
	HAPPYTIMEPRESCHOO	•	
		to be used for future annual report no	Hilication)
For further information	n concerning this matter, please c	all:	
ROBERT HOOKER		850 8387703 at ()	
Nam	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check fo	r 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)
Mailing Add Registration		Street Address: Registration S	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 6	327	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)



HAPPYTIME PRESCHOOL OF FLORIDA LLC

2022 JUL 26 AH 10: 50

The Articles of Organization for this Limited Liability Company were filed on 7/08/2022 ___ and assigned Florida document number L22000306050 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____. Florida ___

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>	Address	Type of Action
AMBR	JESSICA JOHNSON HOOKER	2017 WEST REDDICK DR.	
		PERRY, FLORIDA 32347	□Remove
			DbbA
			□Remove
			□Change
		-	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove

Effective date, if other than the date of filing: 07/08/2022 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant I Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ord is filed.				
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Signature of a member or authorized representative of a member				