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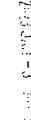
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COVER LETTER *

TO: Registr Division	ation Sec	tion orations			
	- ARNING	STARS CHILDCARE LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed Art	ticles of A	Amendment and fec(s) are subt	nitted for filing.		
		dence concerning this matter t			
		SHICARRA WILLIAM			
			Name of Person		
		LEARNING STARS CHIL	DCARE LLC		
			Firm/Company		
		642 PONDEROSA DR W			
			Address		
		LAKELAND FL.33810			2023 J.V.
			City/State and Zip Code		
		LSCHILDCARE22@GMA			l
		E-mail address: (to be used for future annual report not	ification)	w
For further infor	mation co	oncerning this matter, please ca	alł:		::
SHICARRA W	ILLIAM		863 913-4209		် သ
	Name of	Person		ne Telephone Number	
Enclosed is a ch	eck for th	e following amount:			
■ \$25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	g Addres		Street Address:	ection	
_	tration S	Section orporations	Registration Se Division of Co		
	30x 632	-	The Centre of	Tallahassee	
Tallal	iassee, I	4L 32314	2415 N. Monro	ne Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEARNING STARS CHILDCARE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/20/2022 and assigned Florida document number L22000322886 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 "LLC" 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

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
MGR	HERVENS SAINVIL SR	642 PONDEROSA DR W	□Add
		LAKELAND FL.33810	≡ Remove
			[] Change
MGR	SHICARRA WILLIAM	642 PONDEROSA DR W	■Add
		LAKELAND FL33810	□Remove
		642 PONDEROSA DR W	□Change
AMBR	SHICARRA WILLIAM	LAKELAND FL.33810	■Add
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record specifies a delayed is filed.	effective date, but i	not an effective	time, at 12:01 a.m.	on the eartier of: (b)	The 90th day after t
		2022			
DECEMBER 28		,			
DECEMBER 28	70-H	11.4	$\overline{\mathcal{I}}$		
	Signature of	the	porized representative	e of a member	