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SECRETARY OF STATE
THE CONTRACTION

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Day 15	Newborn Name of Limit	Care LLC ed Liability Company	<u>.</u>
The enclosed Articles of Ame		_	
_	Daysi	B. Mendota Name of Person	
_	Day's	Newborn Car Firm/Company	1e LLC
_	709 NE	6th St. Unit	# 1
-		le Beach F(, City/State and Zip Code	
_		be used for future annual report notif	hoo. Cem
Por further information concer Day Si B. Name of Pers	•	1: at (<u>863</u>) <u>613 –</u> Area Code Daytime	8596 Telephone Number
Enclosed is a check for the fol	lowing amount:		
\$\frac{1}{8}\$25.00 Filing Fee \text{.}	\$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 Address: Registration Section		Street Address: Registration Sec	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EWBDEN CALE LC Liability Company as it now appears on our records.) Viorida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>しるみのの</u> る(bility Company were filed on 08/12/2022 and assigned 62860
This amendment is submitted to amend the follow	ving:
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registere</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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.

If Changing Registered Agent, Signature of New Registered Agent

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 709 NE 6th St. Unit#1	Type of Action
<u>AMB</u> R	Daysi B. Mendoza	Address 779 NE 6th St. Unit#1 Hallandale Ocach Fl. 33009	5 €∧dd
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ect	ive date, if other than the date of filing: (optional)
	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
um	nent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
ed	16/31/2022
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	Signature of a member or authorited top esentative of a member
	~ \ \\\/2/
	Daysi B. Men doza