L22 000 446 199

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP : WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

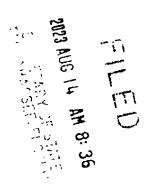
Office Use Only



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LLC N/C Amena

#\$25.00 ¥\$25.00



A. RAMSEY SEP -1: 2023

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: For	My Kidz Name of Lim	Len ovations ited Liability Company	,cc		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Name of Person				
		M/A Firm/Company			
	1143 5	Stut Violet (<i>3</i> +		
	WPB 1	City/State and Zip Code			
		to be used for future annual report no	al. Constitution)		
For further information c	oncerning this matter, please co	ail:			
Name o	f Person	at (Stol.) Dayti	5-2602 me Telephone Number		
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	Street Address: Registration S Division of Co			
P.O. Box 632 Tallahassee, I	7	The Centre of	•		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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Enter new principal offices address, if applical	
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
Mailing address MAY BE A POST OFFICE B	<u></u>
	gistered office address on our records, enter the name of the new regist
B. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the name of the new regist</u>
B. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the name of the new regist</u>
B. If amending the registered agent and/or reg	gistered office address on our records, <u>enter the name of the new regist</u>
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, <u>enter the name of the new regist</u>
agent and/or the new registered office address	gistered office address on our records, enter the name of the new
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new regist</u>

New Registered Agent's Signature, if changing Registered Agent:

TINI

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
			□ Add
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to a Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time ecord is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 20th, 2023	
J / /	

EU! E 635.00