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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Klds Canvas On wheels, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LIZAIDA Bruno Name of Person
KIDS CANUAS On Wheels
1380 Climbing Rose Ln
West-Palm Beach F1,33415
City/State and Zip Code City/State and Zip Code Company Com
For further information concerning this matter, please call:
Lizalda Bruno 484 2016560
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Liability Company)	as it now appears on our records.) Jas it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number	1/10/22
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	v 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 add agent and/or the new registered office address here:	fress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
rest registered of the Hadress.	Emer Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent;	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	Lizaida Bruno	UPB F1 33415	se in
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MGR	Elvis Bruno	WPB F1 33415	2 Lh 2 DAdd
		WPB F1 33415	□Remove
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Dated	<u> </u>				`	~ () '			<u> </u>	Tip 15		
Dated			Signature of	a member o	or authorized	1 represent	ative of a 17	ember		7.5.0F. 0	Li : 11 HV	

Filing Fee: \$25.00