L230001116034

| (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: |
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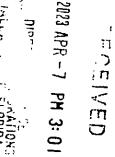
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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

| Division of Corporations | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Miracle's Youth Seri | Dices LLE ity Company |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for | r filing. |
| Please return all correspondence concerning this matter to the fol | lowing: |
| | |
| Ni vole Dor | Sey me of Person |
| Miracle's You | |
| Fir | m/Company |
| 44 Seminde S | Street |
| | |
| Sorrento, FL | 32776 ate and Zip Code Airacles YouthServices Com for future annual report notification) |
| <u>Nicoledorsey@m</u> | iracles youthservices com |
| E-mail address: (To be used | for future annual report notification) |
| For further information concerning this matter, please call: | |
| Nivole Dorsien a | (321) 247-7337 |
| Name of Person | Area Code Daytime Telephone Number |
| | |
| Enclosed is a check for the following amount: | |
| Certificate of Status Ce | 5.00 Filing Fee & S60.00 Filing Fee, ertified Copy Iditional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | |
| Mailing Address: | Street Address: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| Mixiging of Corborations | Division of Corporations |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mirade's Youth Se | cruices LLC | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | any as it now appears on our records.) | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 [4603</u>] | y were filed on March 22,2023 and assigned | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ility 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) | - TEC 23 P | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | SSEE D | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 3: 16 | | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered | | | | |
| 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change | ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided 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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-------------------------------------|----------------|
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| ive date | , if other tha | n the date of | filing: | | | (optional |) |
| ective dat | e is listed, the d | ate must be speci | ific and cannot be pr s not meet the app | ior to date of f | iling or more tha | n 90 days after filin | g.) Pursuant to 605 |
| | | | nt of State's recor | | ory ming requ | mements, tins dat | e will not be fish |
| | | | | | | | |
| d specifi | es a delaved e | ffective date. b | ut not an effective | e time, at 12: | 01 a.m. on the | earlier of: (b) | The 90th day after |
| led. | , | , - | | | | | , |
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| | | Signatur | e of a member or & | thorized sepre | sentative of a m | ember | |
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