L23000156486

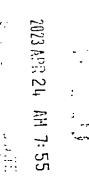
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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e/ 6/14/2023

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration So Division of Cor			
Offspring I	Home MCO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
	ondence concerning this matter	_	
	Nimira Dhanani		
	· -	Name of Person	
	Offspring Home MCO LL	C	
		Firm/Company	
	9021 Pecky Cypress Way		
	 	Address	
	Orlando FL 32836		
		City/State and Zip Code	
	nim3116@gmail.com	to be used for future annual report notif	First V
Con Combine in Compation of			carony
	oncerning this matter, please c		
Nimira Dhanani		720 319-7861 at ()	
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sec	rtion
Division of C		Division of Corp	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Offspring Home MCO LLC	7:55
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.)
ne Articles of Organization for this Limited Liability Company orida document number <u>L23000156486</u> .	were filed on March 28, 2023 and assigned
is amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	vility company here:
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	9021 Pecky Cypress Way
Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32836
nter new mailing address, if applicable:	9021 Pecky Cypress Way
Mailing address MAY BE A POST OFFICE BOX)	Orlando FL 32836
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new regist</u>
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 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
AMBR	Azan Dhanani	9021 Pecky Cypress Way Orlando FL 32836	■Add
			□Remove
			□ Change
	4		□Add
			□ Remove
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ffective date, if other than the		March 28 - 20			otional)	
an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and block does not m	cannot be prior to seet the applica		nore than 90 days a	fter filing.) Pursuant	
record specifies a delayed effect is filed.	ive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of	(b) The 90th da	y after the
ated April 18	· · · · · ·	2023				
	1					
-17	land	ali .				
	Signature of a n	nember or author	ized representativ	e of a member		