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## **COVER LETTER**

Registration Section Division of Corporations

TO:

4 * 8 1 8 5 4 9 5 2/3/85	hways4Kids			
SUBJECT.	Name of Lin	ited Liability Company	<del>.</del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Latoya Johnson			
		Name of Person		
	DiversePathways4Kids			
		Firm/Company		
1357 Nw 65th Terrace				
		Address	mas 14. I	
	Margate,FL.33063			
		City/State and Zip Code		
	diversepathways4kids@gm	ail.com		
	E-mail address; (	to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
Latoya Johnson		786 879-6189 at ()		
Name of Person		Area Code Daytin	ie Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	etion	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		
Tallahassee, I	ML 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION-

2023 JUN 16 AM 7: 08

DiversePathways4Kids

(Name of the Limited Liability Company as it now appears on our records.)

iability Company) A. [ A.	HA 9)	
were filed on April 17th	h 2023	and assigned
lity company here:		
ty Company," the designat	ion "LLC" or the abl	previation "L.L.C."
WB2122		
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		C.1
aaress on our records	s, <u>enter the name</u>	of the new regis
Enter Florida stre	vet address	<u> </u>
Florida		
Ciŵ.		Zip Code
	lity company here:  ty Company." the designat  ddress on our records  Enter Florida stre	ty Company." the designation "LLC" or the abb  ddress on our records, enter the name  Enter Florida street address , Florida

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>	<u>Address</u>	Type of Action
MGR	Terrance Williams	5760 NW 60th Terrace	<b>≣</b> Add
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ffective date, if other than the of an effective date is listed, the date must	late of filing:			(optional)	
f an effective date is listed, the date must <b>Note:</b> If the date inserted in this blo	se specific and canno ck does not meet th	ot be prior to date ( ne applicable sta	iffiling or more than tutory filing requi	90 days after filing.) rements, this date	Pursuant to 605,0207 will not be listed as
document's effective date on the De	partment of State's	records.			
record specifies a delayed effective d is filed.	date, but not an eff	fective time, at	2:01 a.m. on the 6	earlier of: (b) The	e 90th day after the
aris mad.					
June 13th Dated	202	2,3			
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		$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	)		
	ignature of a member	r-or-authorized re	presentative of a me	mber	
Lamar Daniels					