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(Requestor's Name)
(Address)
,
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PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Sec Division of Corp			
	ids Center L	10	
SUBJECT: 18 15	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and feets) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	,	Takia Hayol Name of Person Center LLC Firm Company	3
	576 Wes	H 53 RS Terra	el
	Hialeah,	FL 33012 City/State and Zip Code	
	elite 2 youri	City/State and Zip Code  nourance agmail to be used for future annual proport notion	Com
_	ncerning this matter, please co	all:  (305) 301-  Area Code Daytime	1956
Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S \$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)
Mailian Addama		Senare kaldani	

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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K Kids Cent	er LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400038612</u>	were filed on <u>0//19/</u>	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<del></del>
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BON)	<del></del>	
		<del></del>
		1.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address <u>here</u> :	ddress on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	Iress
	,	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 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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
A MOR	Michel Nuney Cabring	2125 W 52 NO ST. 4pt 203	□Add
		2125 W 52 NO ST. Apt 203 Hialeah, FL, 33016	VRemove
			□Change
			□Add
			□Remove
			□Change
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cuire	ent's effective date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is file	rd.
n+.vd	Oatiber 25 . 2024.
ated _	(. ( )
	8/1/2
	Signature of a member of a member  Suypanie Tapia Mayo/a  Typed or printed name of signor