# L24000094807

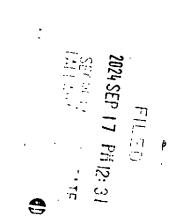
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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Firs	+ Steps I	Daycare, LLC	
	Name of Lim	uted Liability Company	
The enclosed Articles of	Amendment and feers) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yanela Qu	intana Garci	9
		Yawla	
	0000 111	Trum complay	
	9522 W F	- 1010 ST	
	Tampa	F.L 33615	
	yanelagata69	F. L 33615  City/State and Zip Code 1990 hot mail Con to be used for future annual report non	↑ fication)
For further information c	oncerning this matter, please c		
Vanela Quint	ana Barcia	at (813) (507–3	3203
Name o	1 Person	Area Code Dayum	e Felephone Number
Enclosed is a check for the	ne following amount:		
_J \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	LI \$55,00 Filling Fee & Cartified Copy raddino al copy is enclosed)	L) S6).00 Filing Fee. Certificate of Status & Certified Copy (additional copy (senclosed)
Mailing Addres		Street Address:	
Registration ? Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## 1 Clasc N

First Steps Dayca	re, LLC
(Name of the Limited Liability Comp (A Florido Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24000094807</u> .	v were filed on $02/23/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial First Steps Daycare LLC	
The new name must be distinguishable and contain the words "Limited Liab	thry Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>Same</u>
(Principal office address MUST BE A STREET ADDRESS)	¥
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same Sp FILED
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:	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□Remove
			Change
			Remove
			□Change
			\ \
			⊟Remove
			CChange
		<del></del>	TAdd
			□Remove
		<del></del>	Change
			Add
			Remove
			TChange
			Remove

#### Page 2 of 3

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (2) (Society of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the 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 record is filed.
Dated Septembes 11 2024.
Dated September 11. 2024.  Clanded Sprattire of a rember or authorized representative of a member
Yanela Quintana Earca Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00