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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:		Preschoomited Liability Company	1,110	
	f Amendment and fee(s) are su condence concerning this matte	_		
	_ DOMIN	1 QUE GIAN	MADLO	
Mailing address:	PLA	Firm/Company NU 55 Address City/State and Zip Code	ifschool LL	C
0.0.Box 154 a (rosse, FL 32658	20456	NU 55	Ju Drive (/ Residentia
32658	1 La Cr domini	City/State and Zip Code 4 1	32658 v@a mail (20	1
	concerning this matter, please	call:		
Dominique	18 (-16 Mpac of Person	$\int_{\text{Area Code}} \int_{\text{Area Code}} \int_{\text{Day}} \int_{Day$	time Telephone Number	
Enclosed is a check for	_	CSS OO Elling Ear A	□ 560 00 Elliau E	
⊠ \$ 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 enclose	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration	Section	
Division of (Corporations	Division of C	Corporations	

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLAY FUR	EST PRESCHOULLL	C
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L24000125</u> .82		l
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. The Play Forest The new name must be distinguishable and contain the words "Limited Liabilet."	110	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SEC 2024	
Enter new mailing address, if applicable:	SE JUL 14	— ㅜ =
(Mailing address MAY BE A POST OFFICE BOX)	0F STAT	_ _ _
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, enter the name of the new reg	<u>istered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	_
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document	d

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 = N $AMBR = N$	Manager Authorized Member	(Qarita Hial)	Type of Action P.O.E.
<u>Title</u>	<u>Name</u>	Address (Residential) 20456 NW 55 12 Dr.	Type of Action Ud
M 612	Dominique Giampaolo	La (russe, FL 32658	Z Add <u>L</u> a(
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If an effective date i Note: If the date	if other than the da is listed, the date must be inserted in this block tive date on the Depa	specific and condected to the condected	cannot be prior eet the applic	to date of filin able statutory	g or more thar y filing requi	(option 90 days after the rements, this	filing.) Pursuant u	o 605.0207 e listed as
e record specifies d is filed.	a delayed effective d	ate, but not a	n effective ti	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th day	after the
Dated J	Domi Domi Sign	my Smature of Mi	QUA'	1.	ntative of a me) ember		_
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Filing Fee: \$25.00