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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: M	ACARITAS Name of time	3 Child Car	e Home, LLC
	Name of the	med Elabiticy Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_	CAlban Po	
	Mugant	Firm/Company	are Home, Lette
	29801 5.	W 147 Are. Address	
	Homes Jea	City/State and Zip Code	MANY OF STATE (fication)
	Mataliacitec	in 14(a) G mail.	Com SS w fication) RS = II
For further information co	oncerning this matter, please c	all:	D STA
Notalie	Calban	at (366) 75 c	2-0200
Name of	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of 1	-
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGARITAS 3 Child CARE Home, LIC.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{5/39/3024}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAR GARITA'S 3 CHIID CARE HOME, JoC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address CinvNew 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the defan effective date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Department.	k does not me	et the applicabl	AY 30, 2 late of filing or more	202 Gop t than 90 days aft quirements, th	t ional) er filing.) F nis date w	Pursuant ill not b	to 605.02 e listed :
e record specifies a delayed effective ed is filed.	date, but not ar	i effective time	, at 12:01 a.m. on (he earlier of: (b) The	90th day	y after th
Dated Klay 3		2020 9	f.				
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