L24000473907

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COVER LETTER

Divisior	ı of Corporat	ions			
SUBJECT:	Love	CONNECTION	HHA 5 NAI	UNY SERUI	ICES LLC
		Name of Canade	a Liability Company		
The enclosed Art	icles of Amen	dment and fee(s) are submi	itted for filing.		
Please return all	correspondenc	e concerning this matter to	the following:		
		-	-		
	_	KETEISHA	GILLET Name of Person	7Ē	
			Name of Person		
			Firm/Company		
	_	19277 NW	27th AVE	APT. 2207	
			Address		
		MIAM! GARD	ENS FLORIS	DA 33.050	, o
		MIAM! GARD			
		louing connection	be used for future annual	report politication)	
For further inforr		ning this matter, please call			
D		.			
KE1E1!	SHA G	SILLETTE	at (<u>678</u>)	702 - 6210	Vannahur
	Name of Fersi	,	Area Code	Daytine relepho	nt Number
Enclosed is a che	ck for the foll	owing amount:			
□ \$25.00 Filinį	g Fee 🛚	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u>	Address:		Street Ac	ldress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section

TO:

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

Name of the Limited Liability Compa	A GNANNY SERUICES LLC ny as it now appears on our records. Liability Company)
(A runua Liinteu i	namity Company)
The Articles of Organization for this Limited Liability Company	were filed on NOV 8 2024 and assigned
Florida document number <u>£24000473907</u> .	, .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
LOUING CONNECTIONS HUA The new name must be distinguishable and contain the words "Limited Liabil	5 NANNY SERVICES LLC
The new name must be distinguishable and contain the words. Eminted Erabit	ny company. The designation 1212C of the arbiteviation 12.12.C.
Enter new principal offices address, if applicable:	19277 NW 27th AUE, APT. 2207
(Principal office address MUST BE A STREET ADDRESS)	RITAMI GARDENS, FLORIDA
	33056
Enter new mailing address, if applicable:	19277 NW 27th AVE, APT 2207
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI GARDENS, FLORIDA
	33056
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records. <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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, <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>	Name	Address	Type of Action
MAS			
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
Note: If th	date, if other than the date of filing:
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	NOVEMBER 13 2024.
	XG11eHe
	Signature of a member or authorized representative of a member HETEIS HA GILLETTE Typed or printed name of signee
•	Typed or printed name of signee

Filing Fee: \$25.00