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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Div | ision of Cor | porations | | |
|--------------------|---------------|---|---|--|
| SUBJECT: | Daycare 4 | Sale, LLC | | |
| Sebule 1. | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Mario A. Estabil | | |
| | | | Name of Person | |
| | | Daycare 4 Sale, LLC | | |
| | | | Firm/Company | |
| | | 16120 SW 89 Place | | |
| | | | Address | |
| | | Palmetto Bay, Florida 3315 | 7 | |
| | | Mario@daycares4sale.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notiti | cation) |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| Mario A. Es | | | 305 223-2244 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 F | 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 enclosed) |

TO:

Registration Section

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

...

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Daycare 4 Sale, LLC

(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 L | iability Company | were filed on March 4 | th, 2013 | and assigned | |
|--|----------------------|------------------------------|-----------------------|---------------------------------------|--|
| Florida document number L13000033337 | · | | | | |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | | | |
| Daycares 4 Sale, LLC | | | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designa | tion "LLC" or the abb | reviation "L.L.C." | |
| Enter new principal offices address, if applic | able: | 16120 SW 89 Place | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | Palmetto Bay | - | · · · · · · · · · · · · · · · · · · · | |
| | | Florida 33157 | | | |
| | | 16120 SW 89 Place | • | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | ROV) | Palmetto Bay | | | |
| maning address MAT BEATON OFFICE | <u>BOAJ</u> | Florida 33157 | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | <u>e</u> : | records, enter t | he name of the new | |
| Maine of New Registered Agent. | 40400 004 00 | Disas | | | |
| New Registered Office Address: 16120 SW 89 | | Enter Florida street address | | | |
| | Palmetto Bay | | | 67 | |
| | - annello bay | City | Florida <u>331</u> | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | • | | • | |
| I hereby accept the appointment as registere provisions of all statutes relative to the prov | ed agent and agr | ree to act in this capac | | | |

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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| ctive date, if other than the da effective date is listed, the date must be e: If the date inserted in this block iment's effective date on the Depa | specific and canridoes not meet | the applicab | date of tiling or le statutory fil | more than 90 ding requireme | _ (optional) ays after filing., nts, this date | Pursuant to 605.02 will not be listed |
| ecord specifies a delayed ene 90th day after the record | ffective date I is filed. | , but not | an effective | time, at 1 | 2:01 a.m. | on the earlier |
| February 8, | 20 | 019 | . • | | | |
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| | nature of a ment | | | | | |

Page 3 of 3

Filing Fee: \$25.00