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Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LITTLE DROPS OF LIFE LLC

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE DROPS OF LIFE LLC		<u> </u>
(Name of the Limited Libbility Compan- (A Florida Limited Li	onlity Company)	
·		ad accioned ==== ·······
The Articles of Organization for this Limited Liability Company v	vere filed ona	ud szeréneo
Florida document number L12000069054		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, cuter the new name of the limited liabil	lity company here:	
	Comments the designation "If" or the abbrevia	tion "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability	ity Company. The designation and the art	
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
(Principal office address MUST RE A STREET ADDRESS)		. z _
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at if applicable:		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered of	ffice address on our records, enter the	vijanie or me
B. If amending the registered agent and/or the new registered office address her	<u></u> ;	
<u> </u>		
Name of New Registered Agent:		
Name of New Revistance (Vigen)		
New Registered Office Address:	Enter Fiorido 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

		Address	Type of Action
Title MGR	<u>Name</u> RUBEN BRAVO VALVERDE	905 BRICKELL BAY DR APT 1725, MIAMI, FL 33131	≅ Add
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m effective date is listed, the date must be specific and carnot be prior to date of filing or more than 90 days are neffective date in this block does not meet the applicable statutory filing requirements, this current's effective date on the Department of State's records.	er ning) rusu. is date will no	ot be liste	d as the
record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.	a.m. on th	ie earlie	er of:
eted 11-21-18			
Signature of a member or authorized representative of a member			

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