L20000070361

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COVER LETTER

	Registration S Division of Co				
SUBJEC	LIL TWE	ETY BIRD, LLC			
SUBJEC	-l:	Name of Lin	nited Liability Company		
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	-		
		EILEEN A. RICHARD			
			Name of Person		
		LIL TWEETY BIRD, LL			
		-	Firm/Company		
		21283 GLADIS AVE			
			Address		
		PORT CHARLOTTE, FL	33952		
		EILEENLEAK@HOTMAI	City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	ation)	
For furth	er information o	concerning this matter, please e	all:		
EILEEN	A. RICHARD		941 623-3608	· (,
	Name o	of Person	at () Area Code Daytime [*]	Telephone Number	
Enclosed	l is a check for t	he following amount:		% l	
	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 N (additional copy is eastlesed)	
	Mailing Addre Registration Division of C P.O. Box 632 Tallahassec.	Section Corporations 27	Street Address: Registration Section of Corporation of Corporation Control (1988)	orations Hahassee	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIL TWEETY BIRD, 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 Liability Company were filed on 3-3-2020 and assigned Florida document number L20000070361 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 , Florida _

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.

City

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
VP	NICHOLAS B. LEAK	118 ELM ST, CHESHIRE, CT 06410	= Add
			□Remove
			□Change
VP	CANDY N. LEAK	22111 LARAMORE AVE. PORT CHARLO	ITE, FL∃ ■Add
			□Remove
			□Change
			□Add
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ffective date, if other than	the date of filing:	(opti	ional) $\stackrel{\sim}{\supset}$	
an effective date is listed, the date	must be specific and cannot be prior to a block does not meet the applical	o date of filing or more than 90 days after ble statutory filing requirements, th	r filing.) Pursuant to t	605.0207 listed as
ocument's effective date on th	e Department of State's records.	ore managery time and an entire in		7
			: 24	
record specifies a delayed effe I is filed.	ctive date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b) The 90th day a	fier the
5-25	. 2021			
<u> </u>	Signature of a member or author	ized representative of a member		
	RD Ø , PRESIDENT			

Filing Fee: \$25.00