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FEB 13 S. PRATHER Christopher Rivas 507 N Tampa St Tampa, FL 33602 chrisrivas@me.com 813-767-9040 January 3, 2025

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Amendment to Articles of Organization for Little Tina LLC

Dear Sir/Madam,

I am writing to submit the attached form and instructions to amend the Articles of Organization for the Florida Limited Liability Company, Little Tina LLC, registered under the document number L22000145339.

Please find the completed amendment form along with any necessary documentation related to this request. If there are any fees required for processing this amendment, kindly inform me, and I will ensure prompt payment.

If you require any additional information or have any questions regarding this amendment, please feel free to contact me at 813-767-9040 or via email at chrisrivas@me.com

Thank you for your attention to this matter. Sincerely,

Christopher Rivas 507 N Tampa St Tampa, FL 33602 8137679040

COVER LETTER

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) Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~3

LITTLE TINA LLC		25
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	3
The Articles of Organization for this Limited Liability	ty Company were filed on	and assigned
florida document number L22000145339		ඩ
his amendment is submitted to amend the following	7 :	
a. If amending name, enter the new name of the	limited liability company here:	
LITTLE TINA 2 LLC		
he 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 AL	DDKE33)	
		-
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		_
3. If amending the registered agent and/or regist	ered office address on our records, enter the m	ame of the new regis
gent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
nen negisierea Sinte Hautess.	Enter Florida street address	
	, Florida	
	, Fibrida, 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 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Remove
			Change
			[]Remove
			□Add
			□Remove
			□Remove
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. **NOVEMBER 29** 2024 Signature of a member or authorized representative of a member CHRISTOPHER RIVAS

P31 ... P ... 655.00

Typed or printed name of signee