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COVER LETTER

	LE CREATIONS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	mendment and fee(s) are subr	_	
Please return all correspond	dence concerning this matter t	to the following:	
	ADRIANA E FALCONES	MENDOZA	
	<u> </u>	Name of Person	
	YOUR LITTLE CREATIO	NS LLC	
		Firm/Company	
	4946 ROYAL CT S		
		Address	
	WEST PALM BEACH, FL	. 33415	
		City/State and Zip Code	
	mylittlecreations2023@gma		
	E-mail address: (t	o be used for future annual report noti	fication)
For further information con	acerning this matter, please ca	H:	-
ADRIANA E FALCONES	MENDOZA	561 2849014	20
Name of F	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		11:21
□ \$25.00 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 (additional copy is enclosed)

Mailing Address:

TO:

Registration Section **Division of Corporations**

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

Street Address: 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

YOUR LITTLE CREATIONS LLC		
(Name of the Limited Liability (A Florida I	y Company as it now appears on our records.) Limited Liability Company)	_
The Articles of Organization for this Limited Liability Co	ompany were filed on MARCH 08, 2023 and	d assigned
Florida document number L23000122535	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	led Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	: :	<u>್ಕೆ ,</u>
(Principal office address MUST BE A STREET ADDRE	ESS)	70
Enter new mailing address, if applicable:	27.0	
(Mailing address MAY BE A POST OFFICE BOX)		21
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the	new registe
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip C	ode

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 addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	ADRIANA E FALCONES MENDO ZA	4946 ROYAL CT S	□Add
		WEST PALM BEACH, FL 33415	≣Remove
			□Change
MGR	ADRIANA E FALCONES MENDOZA	4946 ROYAL CT S	🗏 Add
		WEST PALM BEACH, FL 33415	□Remove
			□Change
AMBR	ABDELRAHMAN S ABOUELFATH	6922 69TH WAY	\exists Add
		WEST PALM BEACH, FL 33407	□Remove
			□Change
		:	□ Add
			☐ Remove
		[-1]	☐ Change
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			□Add
			□Remove
			□Change

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ective date, if other than to effective date is listed, the date is	he date of filing: nust be specific and cannot be prior to da	(option to of filing or more than 90 days after til	al) ing.) Pursuant to 605.0207
te: If the date inserted in this	block does not meet the applicable	statutory filing requirements, this d	ate will not be listed as
cument's effective date on the	Department of State's records.		
cord specifies a delayed effects filed.	tive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
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JUNE 07	2023		ú
ted			C3 PER 20
بر ا	vicua Jahrenas		20
	V.O. AGAI 1		
	Signature of a thember or authorized	I representative of a member	, pi
ADRIANA E FALCO	Signature of a thember or authorized	I representative of a member	<u> </u>

Typed or printed name of signee