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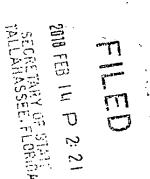
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COVER LETTER

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SUBJE	Little Red	Consulting LLC		*
30000	C1.	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	Ţ.	
		Cathy Jo Backensto		
			Name of Person	
		Little Red Consulting LLC		
			Firm/Company	
		3686 Newport Ave		
			Address	
	Boynton Beach, FL 33436			
		little red consulting@aol.co	City/State and Zip Code	TEST 29 TO
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	ication) FEB
Cathy Jo	Backensto		954 298-0033	Eq T
	Name o	f Person		Telephone Number 077 2
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS;	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Red Consulting 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 January 29,2018 and assigned Florida document number L18000026002 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 n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Cathy Jo Backensto	3686 Newport Ave. Boynton Beach, FL 33436	= Add
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Filing Fee: \$25.00