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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration in Division of Corporations
SUBJECT: Little Seahorse Academy, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cloria I. Adams Name of Person  Little Sechorse Academy, U.C. Firm/Company  2239 14th st. West Address  Bradenton, Fla. 34205  City/State and Zip Code  GLRADMS @ AOC. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oloria I. Adams at (941) 224-3481  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mind & Body ( (Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited  Little Sechorse A  The new name must be distinguishable and end with the words ' "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new shere:
Name of New Registered Agent:	<b>7</b>
New Registered Office Address:	Enter Florida street addiess
	City , Florida Zip Göde
New Registered Agent's Signature, if changing Registered Ag	gent:

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name Address Type of Action Egan Adams MGR Remove ☐ Add Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1625 1st. Ave. East Dated Signature of a member or authorized representative of a member

Page 2 of 2

Gloria I. Adams
Typed or printed name of signee

Filing Fee: \$25.00