

L08000049644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

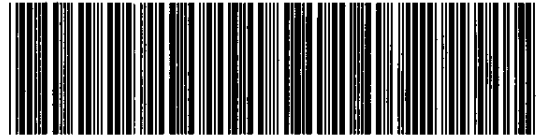
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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

2009 DEC - 2 PM 1:13

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Little Gurus, 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:

Margaret C Bicz
Name of Person

Little Gurus, LLC
Firm/Company

521 Mandalay Ave #802
Address

Clearwater FL 33767
City/State and Zip Code

margaret@littlegurus.com
E-mail address: (to be used for future annual report notification)

REGISTRY OF CORPORATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Margaret Bicz at (727) 455-3043
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Little Gurus, 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 5/19/08 and assigned
Florida document number L08000049644.

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 end with 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)

521 Mandalay Ave
#802
Clearwater, FL 33767

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

521 Mandalay Ave
#802
Clearwater, FL 33767

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:

Margaret C Bicz

New Registered Office Address:

521 Mandalay Ave #802

Enter Florida street address

Clearwater

City

Florida

33767

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 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.

Margaret C Bicz
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mary S Maguire	819 S. Fort Harrison Ave Clearwater, FL 33756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2009 DE
PM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.

Margaret C Bicz
Signature of a member or authorized representative of a member

Margaret C Bicz
Typed or printed name of signee