LU9000087956

, (Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600282624536

02/29/16--01004--016 **25.00

FILED,
2016 FEB 29 P 1: 57
DECRETARY OF STATE

MAR 0 1 2016

8 MASON

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Litte		5 LLC ed Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Louis T	oled 0	
		Name of Person	
		Firm/Company	
	5901 SW	45th street	
		Address	,
	Mizmi PL	<i>3</i> 3155	
		City/State and Zip Code	_
-	10015 @ TS 10	be used for future annual report notifie	Ostion)
For further information conc	erning this matter, please call		cation
Louis Toledo	2	205 1029 2	21063
Name of Pe		at (<u>305</u>) <u>639 2 Area Code Daytime</u>	Telephone Number
Enclosed is a check for the f	ollowing 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 Itavana	1935	LLC		
(Name of the Limited (A	Liability Company a Florida Limited Liab	s it now appears on our lity Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 0 9 0000 7</u> 5	ility Company we 795.6	re filed on 911	1 2009	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability	company here:		
				202
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab	·	Company," the designatio		
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u> _		ر اند. عن نیان	Program v
Enter new mailing address, if applicable:	_		LORIDA	
(Mailing address MAY BE A POST OFFICE BO	- (X)			
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our r	ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:	Louis	Toledo		
New Registered Office Address:	5901 S	W 45 th Enter Florida stree	Street	
	miimi	City	, Florida	33155 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 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 or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Louis Toledo	5901 SW 45 street	İX Add
		M12m1 R 33155	□ Remove
			□ Change
MGR	MARTA TOLEDO	5901 SW 45 street	
		mizm1 PL 33155	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
		•	Add
			□ Remove
		SECRETARY SOLUMASSI	Change
		ASS	No Add
			- 1-2-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-
		OF STATE	Remove
		IDA DA	2

	· · · · · · · · · · · · · · · · · · ·						
				_			
							•
							
	<u>.</u>						
· · · · · · · · · · · · · · · · · · ·		<u> </u>					
· · · · · · · · · · · · · · · · · · ·						-	
					<u>.</u>		
		*					
		. .		 -			
		·					
ective date, if other than to	the date of filing	. 2/2º	4/16	(op	ional)		
n effective date is listed, the date ter. If the date inserted in this	macros openine and	bulliot by prior to	date or mind or more	e than 90 days aft	er filing.)		
cument's effective date on the				•			
record specifies a dela	ved effective o	late. but not a	an effective tin	ne. at 12:01	a.m. (on the	earlier
The 90th day after the r	ecord is filed.	,		·-•			
ted February	24 A	2016					
ica CD CD C	1		· 			N-3	
	Signature of a 1	member or authoriz	zed representative of	a member	17.00	2015	- Sugray
					ب ئن		6.1
1	J				53	833	6.70300000000000000000000000000000000000
Louis	Toled 0				TARY 0	29	
Louis	J	Typed or printed t			TARY OF STATE	2	

Filing Fee: \$25.00