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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Certificates of Status \_\_\_\_\_

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**2022 MAY 31 PM 4:23**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LITTLE STAR ORLANDO, 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:

NORMAN STEVEN BAPTISTA GENSOLN  
Name of Person

LITTLE STAR ORLANDO, LLC  
Firm/Company

488 S. HUNT CLUB BLVD  
Address

APOPKA, FL 32077  
City/State and Zip Code

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

For further information concerning this matter, please call:

STEVE GENSOLN at (407) 212-6515  
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 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

FILED

2022 MAY 31 PM 4:23

LITTLE STAR ORLANDO, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 2/17/2012 and assigned  
Florida document number L120000023233

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NORMAN STEVEN BAUTISTA GENSON

New Registered Office Address:

488 S. HUNT CLUB BLVD

Enter Florida street address

APOPKA

City

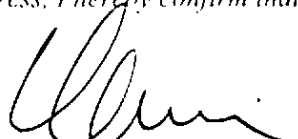
Florida 32779

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.

X



If Changing Registered Agent, Signature of New Registered Agent

STEVE GENSON

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARGARET THEA ABEL	1949 BEAR VIEW DR FOREST CITY, FL 32703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	NORMA STEVEN BAUTISTA GENSOUN	1949 BEAR VIEW DR FOREST CITY, FL 32703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ESTRELLITA B. GENSOUN	2701 N. AVON BLVD AVON PARK, FL 33825	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AR	NORMAN T. GENSOUN	2701 N. AVON BLVD AVON PARK, FL 33825	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2022 MAY 31 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAY 31 PM 4:23  
SECT. 1000 STATE  
TALLAHASSEE, FL

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 23 . 2022

Estrelita B. Gershom

Signature of a member or authorized representative of a member

ESTRELLITA B. GENSOLIN

Typed or printed name of signee