## L120000858727

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C. LEWIS

JUL 1 6 2012

EXAMINER

## COVER LETTER

TO: مسر	Registration S Division of Co		,V <b>-</b>	ي ج		
CHDI	ECT.	BIG AND LITTL	E ASSOCIATES, LL	_C		
Name of Limited Liability Company					<del></del>	
The e	nclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please	e return all corresp	oondence concerning this matter	to the following:			
<u></u>			PENSON, MATTHEW			
			Name of Person			
<del></del>			Firm/Company		<del></del>	
	8005 NW 110 DR.					
	Address					
		F	PARKLAND FL 33076			
	City/State and Zip Code babygatormd@msn.com					
		E-mail address: (	to be used for future annual report	notification)	<del></del>	
For fu	rther information	concerning this matter, please of	call:			
		SON, MATTHEW	at (_954_)	529-890		
	Name	of Person	Area Code & Da	aytime Telephone l	Number	
Enclo	sed is a check for	the following amount:				
<b>√</b> \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Co	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Co Clifton Buildir	orporations ng re Center Circle	ESS:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE
BIG AND LITTLE ASSOCIATES, LLG LAHASSEE, FLORIDA
(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	y were filed on	06/29/2012	and assigned	
Florida document number <u>L12000085872</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Lim" L.L.C."	nited Liability Comp	any," the designation "L	LC" or the abbreviation	
r new principal offices address, if applicable: 3801 SW 47th AVE. Suite 505			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	DAVIE FL 33314 US			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered o	ffice address on	our records, enter t	he name of the new	
registered agent and/or the new registered office address he		, <u></u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		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.

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:

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MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address** Type of Action **MGRM** PENSON, MATT ☐ Add 8005 NW 110 DR. ∇ Remove PARKLAND FL 33076 US PENSON, MATTHEW MGRM ✓ Add 8005 NW 110 DR. ☐ Remove PARKLAND FL 33076 US ☐ Remove □Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 10 2012 Dated

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee