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SECRETARY OF STATE

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T. HAMPTON

## **COVER LETTER**

	gistration Sect vision of Corpo			
SUBJECT:	Lil' Feet R	epeat LLC		
SUBJECT:	111-112-11	Name of Lim	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspond	dence concerning this matter	to the following:	
		Bernadette Thorn		
			Name of Person	11 II I
		Lil' Feet Repeat		
			Firm/Company	
		2405 East Moody Bl	lvd Ste. 103	
			Address	, <u> </u>
		Bunnell/ Florida 321	10	
			City/State and Zip Code	,
		bernthom@aol.com		
		E-mail address: (	to be used for future annual report notifice	ation)
For further i	nformation cor	ncerning this matter, please co	all:	
Bernade	tte Thorn		973 865-0746	
	Name of I	Person	Area Code Daytime T	elephone 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

Lil' Feet Repeat LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our lida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number \(\bigs_1/2000\)\\2415	, 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N 19 PM 1: 19 N 19 PM 1: 19 N 19 PM 1: 19
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, enter the name of the nev
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 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

	Annager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
OWNER	Brendan Leonard	2405 East Moody BI	Add
		Suite 103 Bunnell, 321	<b>\</b> 0 □ Remove
<u>Owner</u>	Brittney Leonard	2405 East Moody Blv	
		Suite 103 Bunnell 37	NO □ Remove
Durke	Bernadethe Thom	2405 E Moody Blvds	tek3 Add
		Bunnell, FL 32110	Remove
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