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COVER LETTER

Division of Co	rporations				
PRECIOU SUBJECT:	S LITTLE MOMENTS, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	VERONICA ANDERSON	1			
		Name of Person			
	ANDERSON AND ASSO	CIATES, P.A.			
		Firm/Company			
	225 N. FRENCH AVENU	E	207 S.F.		
		Address	22 MC TORE 1 TALL		
	SANFORD, FL 32771		2022 NOV 17 AM 10: 2 SECRETARIA SELITATION S		
		City/State and Zip Code			
	Veronica@consultlawoffice		5		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notificationall:	on)		
Veronica Anderson		407 843-9901			
Name o	of Person	at () Area Code Daytime Tel-	ephone Number		
Enclosed is a check for t	he 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 Addre		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of Talla			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRECIOUS LITTLE MOMENTS, LLC			
(Name of the Limited L (A F	iability Company as it no lorida Limited Liability Co	ow appears on our records.) ompany)	
he Articles of Organization for this Limited Liabil	ity Company were file	ed on an	d assigned
Torida document number L13000060772			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability com	npany here:	
N/A			
The new name must be distinguishable and contain the words	"Limited Liability Compa	any," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable	N/A		
Principal office address MUST BE A STREET A	• • • • • • • • • • • • • • • • • • • •		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SECRITAL J	mr cy
		>= =	2 **
Enter new mailing address, if applicable:	N/A		
			-
Mailing address MAY <u>BE A POST OFFICE BO</u>	<u></u>		<u></u>
		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h			e new regist
Name of New Registered Agent:	MIDERSON AND ASS		•
New Registered Office Address:	225 N. FRENCH AVEN	·	
		Enter Florida street address	
	SANFORD	, Florida ³²⁷⁷¹	
	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

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>	Address	Type of Action
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an effectiv <u>{ote:</u> If th	e date is fisied, the date is date inserted in this seffective date on the							
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