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Division of Comporations

Pax Number

1 (850)617-6383

From:

Account Name : CUBVAS & ORTIZ, P.A.

Account Number : I20030000123

Phone Fax Number : (305)461-9500 : (305)448-7300

Bnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LITTLE WONDERS, LLC

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OCT 16 2013 D. DRUCE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		NDERS, LLC				
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our records Liability Company)	<u>.)</u>			
	were filed on 09/03/2013	and assigned				
Florida document number <u>L13000124612</u>	· · · · · · · · · · · · · · · · · · ·					
This amendment is submitted to amend the foll	owing:					
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:				
N/A						
The new name must be distinguishable and end win" L.L.C."	th the words *Limi	ited Liability Company," the designati	on "LLC" or the abbreviation			
Enter new principal offices address, if applic	able:	20900 NE 30TH Ave, Suite 200-239				
(Principal office address MUST BE A STREE	T ADDRESS)	Aventura, FL 33180				
		· · · · · · · · · · · · · · · · · · ·	22			
Enter new mailing address, if applicable:		20900 NE 30TH Ave, Suit	e 200- 2 39			
(Mailing address MAY BE A POST OFFICE BOX)		Aventura, FL 33180				
•		•	<u> </u>			
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of ffice address her	fice address on our records, <u>en</u> <u>e</u> :	CD∴, - - (
Name of New Registered Agent:	N/A					
New Registered Office Address:		VI Vicinia de la companya de la comp	7 <u></u>			
	Enter Florida street address					
	mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: 20900 NE 30TH Ave, Suite 200-239 Aventura, FL 33180 20900 NE 30TH Ave, Suite 200-239 Aventura, FL 33180 20900 NE 30TH Ave, Suite 200-239 Aventura, FL 33180 20900 NE 30TH Ave, Suite 200-239 Aventura, FL 33180 20900 NE 30TH Ave, Suite 200-239 Aventura, FL 33180					

Now 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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action N/A Remove Remove Remove Remove

	ending any other info N/A	ster change(s) here: (Auach additional sheets, if necessa	if necessary.)	
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I	October	15	<u> 2013</u> .	
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