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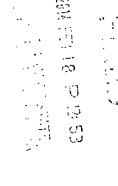
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B. BOSTICK

FEB 1 9 20141

EXAMINER

COVER LETTER

SUBJECT:	Ny Stepz	· LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Mai	Name of Person	<u>L</u>	
	TINY SH	EPZ Learnha	y Center	
	6265	Merrill Ro	<u>. </u>	
	Jackson	City/State and Zip Code SIC & Yahoo,	da 32277	
	E-mail address: (t	o be used for future annual report notifica	Cdhation)	
For further information co	oncerning this matter, please ca	di:		
Mac Lis	19 Combs	at (904) 345. Area Code Daytime T	elephone Number	
		•	: F1	i 8
Enclosed is a check for th	se following amount:			21120
	_	-	(C) (C)	,
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	1 1 11 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

TINY Stepz	LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears or Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000146535</u>	ny were filed on	12/02/13	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here	:		
The new name must be distinguishable and end with the words "Limited L	iability Company," the de	signation "LLC" or the abbrev	viation "L.	L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS)		• •	123	
		!;	-5-	(1277H)
		; :	: 1	्राच्या स्टब्स च्याच्या स्टब्स
Enter new mailing address, if applicable:		; .	ာ	4 2.299
(Mailing address MAY BE A POST OFFICE BOX)		Ţ.	11)	
	***	··· ,		* 2-25*
		ا میں ا اگری اور ا	, or 100	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the	name o	f the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Floride	ı street address		
		Elo-1da		
@Africa in the control of the contro	City	, Florida Z	ip 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 the Authorized M	te Managers or Authorized Member of ember being added or removed from o	on our records, <u>enter the title, name, and address</u> our records:	e title, name, and address of each Manager or	
	MGR = Mar AMBR = Aut	nager horized Member			
¥	<u>Title</u>	Name	Address	Type of Action	
•	MGR	MARIJE LEA	Address PR 1-3849 Bald Jeled PR 1-38X FL-372578	_OZ Add	
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tive date, if other t	han the date of filing:	(optional)
lective date must be spec ate this document is filed	catic, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	be more than 90 days after
1 Februar	ry 10th, 2014.	
M 4	MO	
%	Signature of a member or authorized representative	e of a member
ф	Marije Cerri	
	Typed or printed name of signee	
		Control Contro

Page 3 of 3
Filing Fee: \$25.00