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SECRETARY OF STATE

2015 MAY 26 AH L: 2

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COVER LETTER

TO: Registration Se Division of Cor	ction , , , , , , , , , , , , , , , , , , ,	•	\$
SUBJECT: MY	Little Lov Name of Lim	IC, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Noene	Byant Wame of Person	
	My Litt	le Love, LL	<u>S</u>
	2244 Ste	MADDEN STANDARD ADDRESS	
	<u>Clearu</u>	City/State and Zip Code	3759
		to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	_
Name of	Person	at (727) (88 Area Code Daytime	Telephone Number
Enclosed is a check for th	_		
\$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

TO ARTICLES OF ORGANIZATION OF

Mu Little Love.	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)) ∨B
The Articles of Organization for this Limited Liability Company Florida document number <u>LIMOCOSIDY</u> .	5/ndri	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Coastal Kids Cloth	ning, LLC	A 11 12 47 1 07
The new name must be distinguishable and contain the words "Limited Liabil	ity Company" the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Classistes &	174
(Principal office address MUST BE A STREET ADDRESS)	CHAINCHE, F	<u>L 33 /39</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change. If Change	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is the limited liability New Registered Agent
Page 1	of 3	

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effect	ive date, if other than the date of filing: $\frac{543045}{15}$ NB (options	ıl)	
(If an efi Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this days	ng.) Pursuant to 60 te will not be lis	5.0207 (3)(b) ted as the
docum	ent's effective date on the Department of State's records.		
76 44			
(b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	i. on the earli	er of:
	6/20/15		
Dated	5/20/15 May	2015 SEC TALL	
		>>i ⊼	**************************************
	Signature of a member or authorized representative of a member		- Annaram va (Mathagray
	Name On one	SEC.	<u>፤</u> : "ሃሜ
	Typed or printed name of signee	7 3	7 A 3
	Typed of printed finance of signee	RRE G	المويير وبالأ

Page 3 of 3

Filing Fee: \$25.00