## 11500014663

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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 0 9 2018

## **COVER LETTER**

Division of Cor	porations		•	
LITTLE GI SUBJECT:	ANT'S LEISURE, LLC.			
	Name of Limited	l Liability Company		
The enclosed Articles of	Amendment and fee(s) are submit	tted for filing.		
Please return all correspo	ndence concerning this matter to	the following:		
	Alexander Arencibia			
		Name of Person		- ,
	LITTLE GIANT'S LEISURE	, LLC.		
		Firm/Company	<del></del>	-
	13892 SW 50 ST			
	<del></del>	Address	<u></u>	-
	Miramar, FL 33027			
		City/State and Zip Code		<del>-</del>
	prontowaste@bellsouth.net			•
		be used for future annual report notific	ation)	**
For further information c	oncerning this matter, please call:			
Alexander Arencibia		305 796-3147		
Name of Person Area Code Daytime Telephone Number			Telephone Numbe	r
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

TO:

**Registration Section** 

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

LITTLE GIANT'S LEISURE, LLC.	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/28/2}{2}$	2015 and assigned
Florida document number L15000074663	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	7
Enter new mailing address, if applicable:	कुन
(Mailing address MAY BE A POST OFFICE BOX)	7.
	SK OK
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ur records, enter the name of the
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

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
VP	Roberto Arencibia	13892 SW 50 ST, Miramar FL 330:	■ Add
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an effective  Note: If the	ate, if other than date is listed, the date e date inserted in the effective date on the	must be specifi is block does r	c and cannot be p not meet the ap	rior to date of fili plicable statuto	ng or more than 90 ry filing requiren	(optional) days after filing.) Pu lents, this date will	suant to 605.02 not be listed
e record The 90t	specifies a dela h day after the	ryed effective record is file	ve date, but led.	not an effec	tive time, at	12:01 a.m. on	the earlier
Pated May	1st,	L.	2018				
			<del></del>	<del></del>	entative of a memb		<del></del>

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Filing Fee: \$25.00