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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Little Turtle Learning Tools, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Jeane Ha Bryant Name of Person
Little Turtle Learning Tools
2005 Winnebago TF
Fern Park FL 37730 City/State and Zip Code Jeanetta Bryant@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 1651-4822 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\frac{1}{2}\$\$ \$30.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$\$ \$Certificate of Status \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600020099</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	sility Company," the designation "LLC" or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)	. 9
Enter new mailing address, if applicable:	TISECRETANTS ON OF
(Mailing address MAY BE A POST OFFICE BOX)	3 C谷木 E
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
Now Dogistared Agant's Signature if changing Registered Agen	ıt:

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jeane Ha Bryant	2005 Winnebago T Fern Park Fi 32	Add
		Fern Park F1 36	Remove Change
MUR	Emma Bachma	Orlando FL 3280	-
	* ,	Orlando FL 3280	Remove
			□ Change
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an ence	te, if other than the date of filing: 1014, 13, 2018 (op late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af date inserted in this block does not meet the applicable statutory filing requirements, t		
	effective date on the Department of State's records.		
	specifies a delayed effective date, but not an effective time, at 12:01 day after the record is filed.	1 a.m. on the earlie	r of:
Dated _	14 13 2018.		
)ated ==			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00