## 117000027373

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## **COVER LETTER**

Division of Cor	porations		
The Little & SUBJECT:	ow-tique LLC		
	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Karen kittl	·	
		Name of Person	<u> </u>
		1	
		Firm/Company	
	1529 Chukar Ridge		
		Address	
	Palm Harbor, FL 34683	, 	
	lularoetlb@gmail.com	City/State and Zip Code	·
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Karen Kittl		727   734-4511 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

The Little Bow-tique LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility[Company]
The Articles of Organization for this Limited Liability Company we Florida document number L17000027373	ere filed on $\frac{2-3-2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent:	City The Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rjormance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

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
MGR	McCarthy, Kayla B	2140 Morning Side Dr.	Add
		Safety harbor, FL 34695	■ Remove
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	July 24, 2011	,	
ffective date, if other than the	ne date of filing:		(optional)
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cument's effective date on the	Department of State's records.		
	ed effective date, but not	an effective time, at	12:01 a.m. on the earlie
e record specifies a delay		<b></b>	
e record specifies a delay The 90th day after the re	ecord is filed.		
The 90th day after the re			
The 90th day after the re	2017		

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Typed or printed name of signee

Filing Fee: \$25.00