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FILED SECRETARY OF STATE TALLAHASSEC, FLORIDA

COVER LETTER

TO: Registration So Division of Cou			
SUBJECT:	That Little S Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Katha	Name of Person	
		Firm/Company	
	9413 Su	Address - Richey FL City/State and Zip/Code - 240 @ gmail. Code to be used for future annual report notifications.	race
	New Port	City/State and Zip/Code	34622
	KXWebb E-mail address: (er 240 @ gmail. C	ication)
For further information of	concerning this matter, please ca		
Katherine Name (Webber of Person	at (317) 457 Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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: 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

That lit	rle Spa U	-C
(Name of the Limited Liability (A Florida I	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co		+-2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRE	ESS)	LAH.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILEG STATE ASSEE, FLORD -2 AM 2: 04
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent. Name of New Registered Agent:		r records, enter the name of the new
New Registered Office Address:	Enter Florida s	treet 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>	<u>Address</u>	Type of Action
MGR	Katherine Webber	9413 Summerbreene le	<u> </u>
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Filing Fee: \$25.00