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COVER LETTER

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SUBJEC	ст.	Three Little	Birds Holdings	
300,17		-	Name 6	Attimited Liability Company
The encl	losed	Articles of .	Amendment and fee(s) an	esubmitted for filing.
Please re	eturn	all correspo	ndence concerning this m	natter to the following:
			Jessianne Rice	
			NA	Name of Person
			1112 Arbor Glen Circ	Firm/Company
				Address
			Winter Springs FL 32	2708
			Jessianne@CFOUS.co	CDLI
For furth	her in	formation co	E-mail addr oncerning this matter, ple	ress: (to be used for future annual report notification) ase call:
Jessiann	ne Ric	:e		310 496-4040 at ()
		Name of	f Person	Area Code Daytime Telephone Number
Enclosed	d is a	check for th	e following amount:	
□ \$ 25.	:1 0 0 .	iling Fee	■ \$30.00 Filing Fee & Certificate of State	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, US Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
			ING ADDRESS:	STREET/COURIER ADDRESS:
			ation Section n of Corporations	Registration Section Division of Corporations
		P.O. Bo	ox 6327 ssee, FL 32314	Clifton Building 2661 Executive Center Circle
		i attana	8800, FL 92314	Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Three Little Birds Holdings		
(Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)	
TA Florida Emiliec	a Emonity Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number 1.17000187090		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter your principal offices address if application	NA	
Enter new principal offices address, if applicable:		35
(Principal office address MUST BE A STREET ADDRESS)		
		. 2
Enter new mailing address, if applicable:	NA	
		3 11
(Mailing address MAY BE A POST OFFICE BOX)		- = 5
		· •••
		•
B. If amending the registered agent and/or registered		the name of the new
registered agent and/or the new registered office address he	e <u>re</u> :	
Name of New Registered Agent: NA	·	
Name Day Language Community Additional		
New Registered Office Address:	Enter Florida street address	and assigned ere: esignation "LLC" or the abbreviation "LLC." consider the name of the new street address rida street address
#		
[]	, Florida	Tin Code
	,	r.ip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag		
provisions of all statutes relative to the proper and complet	te performance of my duties, and I am j	familiar with and
accept the obligations of my position as registered agent as		
being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	re adaress, i nereby confirm that the lii	nuea napuity
Company has ocen nongica in writing of this Ghange.		

If Changing Registered Agent, Signature of New Registered Agent

If amendin or removed	g Authorized Person(s) authoriz	zed to manag	e, enter the title, name, and addr	ess of each person being added
MGR = N AMBR = A	lanager Authorized Member			
<u>Title</u>	<u>Name</u>	<u> </u>	Address	Type of Action
AMBR	Christopher Rice	-	112 Arbor Glen Circle	B Add
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Winter Springs FL 32708	Remove
		-		□ Change
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•	n, ent er , chai	nge(s) here: (Attach additional sheets, if necessary.)
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Fective date, if other than the da an effective date is listed, the date must be	specific an d ca	(optional) unnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ocument's effective date on the Depa	rtment offStat	et the applicable statutory filing requirements, this date will not be listed a se's records.
e record specifies a delayed e The 90th day after the record	ffective dat is filed	te, but not an effective time, at 12:01 a.m. on the earlier of
, November 16		2017
A P		•
1/1/2	<u>ا</u> ر	
O YOU ZIE	nature of a me	mber or authorized representative of a member
Jessianne Rice		
		sped or printed name of signee
		Doga 2 of 1
		Page 3 of 3 Filing Fee: \$25.00