## L17000 206001

(Request	or's Name)	
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DIVISION OF

OCT 27 2017

## **COVER LETTER**

SUR IFCT.	Little House	of Orchids		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	1 Anticles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Fanny Cortes		
SUBJECT:    Name of Limited Liability Company				
		Little House of Orchids, Ll	LC	
Firm/Company 9820 SW 13 Terr Address				
		9820 SW 13 Terr		
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33174		
For further in	nformation co		·	realion)
Fanny Corte	s		•	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	: following amount:		
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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 House of Orchids, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L17000206001		宣言可
This amendment is submitted to amend the following:		F-11_E
A. If amending name, enter the new name of the limited liab	ility company here:	FILED MIDI
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)		
	i	
Enter new mailing address, if applicable:	9820 SW 13 Теп	
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33172	
		1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		he name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	zip Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and f 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>	Name	Address	Type of Action
VP	Zulma Y. Santiago		
		9715 Fontainebleu Blvd, Apt 209E	■ Remove
		Miami, FL 33172	Change
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			□ Remove
		<del> </del>	☐ Change
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		<del></del>	□ Remove
		<del></del>	Change
			Add
		<del> </del>	□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	CL
- AH 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020'  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	7 (3)(b) s thc
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the south day after the record is filed.	of:
Dated 10   33   17	
Signature of a member or authorized representative of a member	
Fanny Cortes  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00