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(R	equestor's Name)	
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a)	usiness Entity Name)	
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ALLAHASSEP PAINS

COVER LETTER

	ision of Corp			
SUBJECT:	Little Big Fl			
SUBJECT.	-	Name of Limi	ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please returi	n all correspo	ndence concerning this matter t	to the following:	
		Rodney Naef		
			Name of Person	
			Firm/Company	
		Po Box 1195		
		Lehigh Acres, FL 33970	Address	
			City/State and Zip Code	
		rhnaef@gmail.com E-mail address: ()	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca		
Rodney Na	ef		at (
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	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: 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 Big Flats, LLC		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on Jan 16, 2018	and assigned
Florida document number L18000002519	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
LBF Holdings, LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	<u></u> _
		 -
	registered office address on our records, en	ter the name of the n
registered agent and/or the new registered offic	<u>ee address here</u> :	72
		Z2
Name of New Registered Agent:		
		27
New Registered Office Address:	Enter Florida street address	± 7,
	isher 1 wada sireti adaress	ED PHID PHID PHID PHID PHID PHID PHID PHI
	, Florida	<u>6. 0</u>
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			🗖 Add
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fective date, if other than t	ne date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605.03
in effective date is listed, the date note: If the date inserted in this	nust be specific and cannot be prior to date of fil block does not meet the applicable statuto	ling or more than 90 days after filing.) Pursuant to 605.0. ory filing requirements, this date will not be listed
ocument's effective date on the	Department of State's records.	
	ad affactive data, but not an offer	ctive time, at 12:01 a.m. on the earlier
The 90th day after the re		ctive time, at 12.01 a.m. on the earner
May 21	20-18	
May 21		
	<i>t</i>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00