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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corpor			
SUBJECT: Lift	le Angel' Name of Limite	S Norsery d Liability Company	<u>Uc</u>
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Norma	Murillo Name of Person	
	Little And	gel's Nurse	ery LLC
	4805 Estua	Address	
	<u>Apopica</u> f	7 32712 City/State and Zip Code	
-	norma-mc E-mail address: (to	be used for future annual report in	of mail
For further information conc	erning this matter, please call	:	
Name of Pe	Munlo	at (352) 60 Area Code Days	12 - 84 4 2 time Telephone Number
Enclosed is a check for the for	ollowing 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

(Name of the Limit	ed Liability Company as (A Florida Limited Liabili	it now appears on ou ty Company)	r records.)		
The Articles of Organization for this Limited Li		filed on <u>Fe5</u>	- 15-201	and assign	ed
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Co	mpany," the designat	on "LLC" or the a	abbreviation "L.L.C	
Enter new principal offices address, if applica	able:				 -
(Principal office address MUST BE A STREE	T ADDRESS)				SECT ALL
				<u> </u>	<u> </u>
				23	SSE
Enter new mailing address, if applicable:	_			3	
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>				- S-Z
				 -	_
B. If amending the registered agent and/oregistered agent and/or the new registered of			• • •	r the name of	the new
Name of New Registered Agent:	Norma	<u>a Mu</u>	nllo.	***************************************	
New Registered Office Address:	4805 Ea	Hway d Enter Florida stre	et address		
	DPOPKO	1	. Florida	32712	
		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.

Norma C. Munllo.

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 Title <u>Address</u> Name **Type of Action** □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove

_□ Change

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Filing Fee: \$25.00