## 118000127128

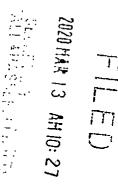
(Requestor's Name)
(Address)
<b>,</b>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Amend

MAR 27 2020 I ALBRITTON

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBI	ECT:	Tiny	Miracles, LLC	
3000		Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub	ū	
i iousc	return an correspon	ment with the first tracter	to the following.	
			Chase Dav	vis
			Name of Person	
			Tiny Miracles	s, LLC
			Firm/Company	
			1320 10th St	
			Address	
			West Palm Beac	h, Fl 33401
		C	City/State and Zip Code	aa mat
		E-mail address: (	Edavis@tinymiracl	port notification)
For fur	ther information co	ncerning this matter, please c	all:	
	Ch	ase Davis	at (561)	801-7111
	Name of	Person	Area Code	Daytime Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>₹</b> \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Division The Cent 2415 N. 1	Iress: ion Section of Corporations are of Tallahassee Monroe Street, Suite 810 see, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TINY MIRACLES, LLC		
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on	5/21/2018	_ and assigned
Florida document number L18000127128		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here	<b>:</b>	
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	7100	20
		7000 Ti
		)#
Enter new mailing address, if applicable:	,	$\overline{\omega}$
(Mailing address MAY BE A POST OFFICE BOX)	e:	3 ,
The state of the s		0
<del></del>		<u>~~</u>
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	ords, <u>enter the name o</u>	f the new regis
Name of New Registered Agent:		
New Registered Office Address:	street address	
City	, Florida	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 th 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Reneisha Drayton	1105 Fort Clark Blvd	
		Apt 705	□Remove
		Gainesville, Fl 32603	□ Change
			□Remove
			☐ Change
		<del></del>	□Remove
			□Remove
			Change
<del></del>			□Add
			□Remove
			□ Change
		<del></del>	□Add
			□Remove
			FIChes

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<del></del>	
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Note: If the	date, if other than the date of filing:
record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	March 9th 2020
	Signature of a member or authorized representative of a member
	Chase Davis
	Chase Davis