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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

i	Registration Se Division of Cor			
,	Little Wond	lers Therapy, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Yosmel Hernandez		
		Little Wonders Therapy, L	Name of Person	
		6126 NW 175th Ter	Firm/Company	
		Hialeah, FL 33015	Address	
		littlewondersot@gmail.com	City/State and Zip Code	
For furthe	er information co	E-mail address: (oncerning this matter, please co	to be used for future annual report notifull:	ication)
Yosmel I	lemandez		786 3716519 at ()	
-	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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:

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

FILED

2018 NOV -5 AM IO: 16

Little Wonders Therapy, LLC (Name of the Limited Liability Company as it now appears on our records) - PRY OF GIAL
(A Florida Limited Liability Company) INCLUSER SSEE, FL The Articles of Organization for this Limited Liability Company were filed on 10/19/2018 and assigned Florida document number $\frac{L18000245801}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Name</u>	Address	Type of Action
MGR	Yosmel Hernandez	6126 NW 175th Ter Hialeah, FL 33015	Add
			□ Remove
			☐ Change
AMBR Jennilee Hernan	Jennilee Hernandez	6126 NW 175th Ter Hialeah, FL 33015	Add
			■ Remove
			Change
MGR	Jennilee Hernandez	6126 NW 175th Ter Hialeah, FL 33015	■ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
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f ecti n etli	ve date, if other than the date of filing: (optional) retive 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
ite:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
me	Sour day after the record is filed.
	November 1st 2018 A
ited .	November 1st 2018
	(form)

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00