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(Requestor's Name)	
(Address)	000329832980
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	05/29/1901010007 ++25.00
(Document Number)	
Certified Copies Certificates of Status	RECEIVED MAY 2.8 2019
Special Instructions to Filing Officer: Office Use Only	2019:11:23 PHI2: 34 HIZ: 34 AMAAAA
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JUN 15 2019 ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations

Tootlestvent Sitters, UC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the 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
Tootles Event Sitters, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 44419 and assigned Florida document number $L1900093050$
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 "LLC."

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

Enter new principal offices address, if applicable:

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	······	······
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	Tyneshia Perine	15766 Citrus Grovela	
		Winter Garden, FL 3478	<u>}7</u> □ Remove
			Change
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் D .	If amending any other information, enter change(s) here:	(Attach additional sheets,	if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	May 22 . 2019
	Maria Ro. dationa
	Signature of a member of duthorized representative of a member
	Marcia L. Van de Kieft
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00