(Requestor's Name)	
(Address)	5003359
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/25/19010
(Business Entity Name) (Document Number)	
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COVER LETTER

ΓO:	Registration Sec Division of Corp			
	Little Wond	lerz LLC		
SUBJF	ECT:	Name of Limit	ted Liability Company	
The en	closed Articles of z	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspoi	ndence concerning this matter t	o the following:	
		Alia Pashkovska		Daytime Telephone Number \$\times \text{\$\sigma} \\$60.00 \text{ Filing Fee,} \\ \text{Certificate of Status &}
		Little Wonderz	Name of Person	
		10598 Orange Blossom La	Firm/Company	
		Seminole, FL, 33772	Address	
		alla_r@yahoo.com	City/State and Zip Code	
lion for	whar information c	E-mail address: (to concerning this matter, please ca	to be used for future annual report notif	ication)
	Pashkovska	oncerning this matter, prease ea	727 483-1861	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

TO:

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 Wonderz LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records, much Liability Company)	
The Articles of Organization for this Limited Liability Com Torida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I 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 ADDRES	<u></u>	201
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1.10:1:3
		- - -
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alla Pashkovska	10598 Orange Blossom Ln, Seminole, FL, 33772	■ Add
			Remove
			Change
			Remove
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in effecti ote: If t	date, if other that we date is listed, the dathe date inserted in the date on the date on	ite must be speci this block does	fic and canno not meet th	t be prior to da le applicable	te of filing or n	iore than 90 day	(optional) rs after filing.) P ts. this date wi	ursuant to 605.0207 H not be listed as
recore The 90	d specifies a de Oth day after the	layed effect e record is t	ive date, iled.	but not an	effective	ime, at 12	:01 a.m. or	the earlier of
ated	10/22/	19	·	·				
	Q 3.	Signatur	e of whembe	er or authorized	l representative	of a member		<u></u>
		=						

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Filing Fee: \$25.00