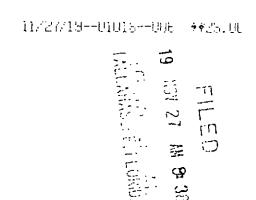
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COVER LETTER

то:	Registration Se Division of Cor					
411 1 1 1 T		mas Development LLC				
SUBJI	:C1:	Name of Lin	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Merline Barton				
			Name of Person			
		Thelma Gibson Health Ini	tiative, Inc.			
Firm/Company 3750 South Dixie Highway, Room B						
		Miami, FL 33133				
		City/State and Zip Code				
		mbarton@tghimiami.org				
		E-mail address: (to be used for future annual report notifi	ication)		
For fur	ther information c	oncerning this matter, please c	all:			
Walter Joseph King			305 446-1543			
	Name o	f Person	at ()	Telephone Number		
Enclose	ed is a check for th	he following amount:				
\$2:	5.00 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

Little Bahamas Development 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 May 10, 2019 Florida document number 1.19000127732 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.E.C." 3750 South Dixie Highway, Room B Enter new principal offices address, if applicable: Miami, FL 33133 (Principal office address MUST BE A STREET ADDRESS) 3750 South Dixie Highway, Room B. Enter new mailing address, if applicable: Miami, FL 33133 (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: Walter Joseph King Name of New Registered Agent: 3750 South Dixie Highway, Room B New Registered Office Address: Enter Florida street address _, Florida <u>33133</u> Zip Code Miami City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Walter J King	3680 Grand Avenue	□ Add
		Miami, FL 33133	
			■ Remove
		3750 South Dixie Highway, Room B	Change
AMBR	Thelma Gibson Health Initiative, Inc.	Miami, FL 33133	
			Remove
			□ Change
		-	🖸 Add
			□ Remove
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ne record specifies a de The 90th day after th			ot an effective	time, at 12:01	a.m. on the earl	ier of
Dated November 18		2019	/>			
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Filing Fee: \$25.00

Typed or printed name of signee