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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LITTLE River Val	Cation House LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fo	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Ro	NALD BRESEMAN Name of Person
 	Fign/Company
1412	W. Waters Ave 203
Tamp	City/State and Zip Code
	nail address: (to be used for future annual report notification)
For further information concerning this ma	
Ron Breseman Name of Person	at (S13) 803-0203 Area Code Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$25.00 Filing Fee S30.00 Filing Certificate	rag Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



1:11	7071 LED 1 1 1 1: 18
Came of the Limited Liability Company	Son House CCC by as it now appears on our records. ability Company) A LANGAGE SERVICE CELLAR
The Articles of Organization for this Limited Liability Company	were filed on $08-22-19$ and assigned
Florida document number <u>L19000214416</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
35kllc	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1412 W. Waters Ave # 203
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33607
Enter new mailing address, if applicable:	1412 W. WAters Ave #203
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33607
B. If amending the registered agent and/or registered office as	ddress 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
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agre	e 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 pobeing filed to merely reflect a change in the registered office of	
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>	Address	Type of Action
	NA	N/A	
			□Remove
			Change
			□Re:nove
			Change
			Remove
			☐ Change
			□Add
			Remove
			□Add
			□Remove
			Change
			
			□Remove
			□Chana.

If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing: Feb 16, 202) (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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record ord is file	I 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 ed.
Dated_	Tue Feb. 16, 2021.
	Tue Feb. 16, 2021. Roull Base. Signature of a member or authorized representative of a member.
	RONAID JAMES BIESEMAN Typed or printed name of signee

Filing Fee: \$25.00