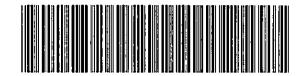
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
. (Business Entity Name)		
	Document Number)	 	
Certified Copies	Certificates of S	Status	
Special Instructions to Filing Officer:			

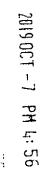
Office Use Only

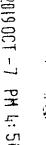


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COVER LETTER

Division of Corp			
SUBJECT: HO	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Cis	tha Horn	
		Name of Person	
			
		Firm/Company	
	9447 7	Bulington Pla	(l
	Boca Ro	City/State and Zip Code	5434
	E-mail address: (to	be used for future annual report notific	ation)
For further information co	ncerning this matter, please cal	11:	
Cisting Name of	Person	at (786) 380- Area Code Daytime	6562 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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

(Name of the Limited Liability Compa	ny as it now appears on our records.)	
(A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{9/09/19}{52}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Little MISS Sanshine The new name must be distinguishable and contain the words "Limited Liability".	State LLC	abbreviation 1.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	0CT - 7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	NIA	PH 4: 56
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:	A	
New Registered Office Address:	Enter Florida street address	
	, 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 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
	2		Remove
	NIA		□ Change
			Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
		·	□ Remove
			☐ Change
			Remove
			Change

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Page 3 of 3

Filing Fee: \$25.00