## LZC OCCOO456C

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Little Cosa SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresponden	ondence concerning this matter	to the following:		
	Elizabeth L. Litt			
		Name of Person	<u>.                                    </u>	
		Firm/Company		
	1230 SW 29th Street			
	Address			
	Fort Lauderdale, FL. 3331:	5		
	thelittlecosas@gmail.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	ication)	. <del>-</del>
For further information	concerning this matter, please ca	all:		201
Elizabeth Litt		954 465-9643 at ( )		20 MAR -
Name	of Person	Area Code Daytime	Telephone Number	-9 P
Enclosed is a check for (	the following amount:			or \$1875 87 98 4115 PM 2: 25
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	us & 📆

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 MAR

Little Cosas LLC		<b>19</b> 130
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)	PM 2: 25
		25
The Articles of Organization for this Limited Liability Con	mpany were filed on Feb. 27, 2020	and assigned
Florida document number L20000064560	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abb	revistion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(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 registeres
agent and/or the new registered office address here:	office address on our records, enter the name	of the new registeres
Name of New Registered Agent:		
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 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>	Name	Address	Type of Action
AMBR	Elizabeth L. Litt	1230 SW 29th Street Fort Lauderdale, FL. 33315	□Add
			Remove
			☐ Change
MGR	Jordan S. Litt	1230 SW 29th Street Fort Lauderdale, FL 33315	□Add
			Remove
			□Change
			□Add
			□ Remove
			Change
<del></del>			□ Add
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		·····	□ Change
			Chango

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an effect ote: If	tate, if other than the date of filing:	)207 d as
record s	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	March 4th 2020	
ated		
ated	Polit	
ated	March 4th 2020.  Signature of a member or authorized representative of a member	

Filing Fee: \$25.00