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(Requestor's Name)	
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(Business Entity Name)	09/08/20010130
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COVER LETTER

	ion Section of Corporations				
SUBJECT:	04+0 Sc	otutio	ns LLC		
	Nam	e of Limited	Liability Company		
The enclosed Articl	les of Amendment and fee(s)	are submitt	ed for filing.		
Please return all cor	rrespondence concerning this	matter to t	he following:		
	Sc	im C	→NaM Name of Person		
			Name of Ferom	51. 2	
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	SAM	w 11	c used for future annual report no	, (0m	
For further informat	tion concerning this matter, p		. used for future annual report no	uncanony	
Sam	Potram		at (954) 775 Area Code Daytin	5-6621	
N	ame of Person		Area Code Daytii	ne Telephone Number	
Enclosed is a check	for the following amount:				
© \$25.00 Filing F	Cee ☐ \$30.00 Filing Fee Certificate of St		2 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing A			Street Address:		
	ion Section of Corporations		Registration Se Division of Co		
P.O. Box	-		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

	utions LLC
(A Florida Limited (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{U}{29}$ $\frac{2020}{2020}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The Little River Co The new name must be distinguishable and contain the words "Limited Liab	mpany LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	73 NW 71St street
(Principal office address MUST BE A STREET ADDRESS)	Migmi FI 321505
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)	73 NW 715-195-195-195-195-195-195-195-195-195-1
(Matting dualess MAT BE AT 031 OF FICE DOA)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 73	NW 7154 Street
Mian	City Florida 33150
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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

Title	Name	Address	Type of Action
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to	data of Glina on more than O	(optional)
If the date inserted in this block does not meet the applical	ble statutory filing require	ments, this date will not be liste
iment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective tim	ne at 12:01 a.m. on the ca	rlier of: (b) The 90th day after
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Filing Fee: \$25.00