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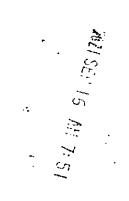
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SEP 27 2021

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: THY BITTY GILTHY LUC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Enesha Galloway Name of Person
Itty Bitty Glitty ILC Finn/Company
13/0 Blue Stream Rd
Deland, Fl 32720 City/State and Zip Code
nenegalloway @yahov. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Enesha Gulloway at (3816), 589-1405  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee

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

Itty Bitty	Glitty	LICESEP 15 AH T	7: 5   
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now áj la Limited Liability Compa	ppears on our records.) any)	ι .
The Articles of Organization for this Limited Liability (Florida document number 42100052)	Company were filed or	n 2/16/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability compar	<u>ıy here</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company."	the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	<del></del> -		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ur records, enter the name	e of the new registered
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	··· Ente	r Florida street address	
		, Florida	
	City	, 1101144	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>	<u>Name</u>	Address	Type of Action
MGR	Bria Galloway	17/4 Pine Avenue	NAdd
	f	17/4 Pine Avenue Otland, FL 32724	□Remove
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			∯Add
		<del>-</del>	∵ ⊡Change
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		<del></del>	□Add
			Remove
			□Change

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	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) flicable statutory filing requirements, this date will not be listed as the ds.
cord specifies a delayed effective date, but not an effective s filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed 08/24 21  Tallyand 32  Senature of a member of au	thorized representative of a member
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