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COVER LETTER

TO: Registration 9 Division of Co			
		eps and Giggles LLC	•
SUBJECT:	Name of Lim	ited Liability Company	4
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Michelle Lewis	
		Name of Person	
	Little S	Steps and Giggles Academy LL0	
		Firm/Company	
	6	5223-35th Court East	
		Address	
		Bradenton, FL 34203	
		City/State and Zip Code	
		nichelletrebbles@gmail.com	
	E-mail address: (to be used for future annual report r	notification)
For further information	concerning this matter, please ca	all:	
Mic	helle Lewis	941 893-9786	
Name	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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 Addr Registratior Division of P.O. Box 63	n Section Corporations	Street Address: Registration Division of C The Centre o	Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Steps and	Giggles LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear ,iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on	March 01, 2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company ho	<u>ere</u> :	
Little Steps and Giggles Academy	·LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Miche 1272 Brac	2/12/1-1013 3 35th 1 dector 7/	Ct. Fast . 34203
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our r	ecords, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:	,		
			:
New Registered Office Address:	Enter Flo	rida street address	: 7
		, 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>	<u>Name</u>	Address	Type of Action
MGR	Dawanna Davis	17133 Yellow Pine Street	□Add
		Wimauma, FL 33598	■Remove
			□Change
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stedApril 28 Signature of a member of a member authorized representative of a member	ote: If the date	inserted in this block do	es not meet the applic	able statutory filing re	(optional) than 90 days after filing.) l equirements, this date w	Oursuant to 605.020 ill not be listed a
Signature of a member of authorized representative of a member		a delayed effective date.	but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
	ted	April 28	202	<u> </u>		
	-	Signat	ure of a member Av anile	Orized representative of	а тетбет	
		v, galac				