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COVER LETTER

	egistration Se ivision of Cor						
SUBJECT		LITTLE BIT FLORIDA LLC					
SUBJECT		Name of Lim	ited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	ondence concerning this matter	to the following:				
		JEAN BRANDT					
			Name of Person				
			Firm/Company				
		139 RIVER ENCLAVE C	T.				
			Address				
		BRADENTON, FL 34212					
			City/State and Zip Code				
		littlebitflorida@gmail.com					
For further	information c	E-mail address; (oncerning this matter, please c	to be used for luture annual report not all:	lification)			
JEAN BR	ANDT		847 624-1987				
	Nume o	t Person	Area Code Daytin	ne Telephone Number			
Enclosed i	s a check for th	ne 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 Address:		Street Address:	action				
Registration Section Division of Corporations				Registration Section Division of Corporations			
P	O. Box 632	27		The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE BIT FLORIDA LLC

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability C Florida document number L21000139434	Company were filed on 3/24/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDE	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>ente</u>	r the name of the new registered	
New Registered Office Address:	Enter Florada street addr	Iness	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Torida		
		Zip Code	
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered agbeing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, a gent as provided for in Chapter 605 ed office address, I hereby confirm t	and I am familiar with and . F.S. Or, if this document is	
	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
MGR	JEAN BRANDT	, ,	□Add
		139 RIVER ENCLAVE CT. BRADENTON FL	≘ Remove
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			Change

LLC AS MANAGER. THIS W.	ILL NOW BE A SING	LE MEMEBER LL	C EFFECTIVE DEC	EMBER 31, 2024.
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ective date, if other than the date offective date is listed, the date must be 1 If the date inserted in this block ment's effective date on the Department.	te of filing: specific and cannot be pri- does not meet the appl	or to date of filing or n icable statutory filir	(option fore than 90 days after ti ag requirements, this c	ling.) Pursuant to 605.
ord specifies a delayed effective da filed.	ite, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after
i NOVEMER 19	. 2024	<u> </u>		

Filing Fee: \$25.00