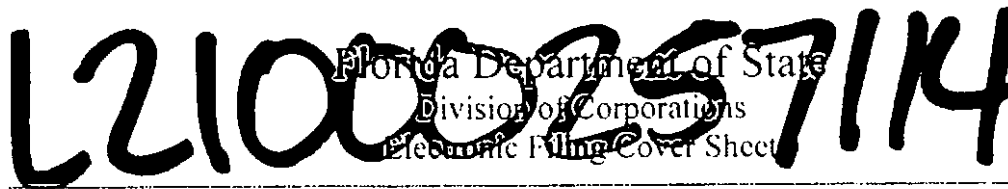


Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004023193)))



H210004023193ABCV

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010900062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3869

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 29 AM 11:08

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2021 OCT 29 PM 12:13

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LITTLE BECKHAM BABY BOUTIQUE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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S. PRATHEP

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LITTLE BECKHAM BABY BOUTIQUE LLC  
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:

Cheyenne Moseley  
Name of Person  
Legalzoom.com, Inc.  
Firm/Company  
101 N Brand Blvd 11th Fl  
Address  
Glendale, CA 91203  
City/State and Zip Code  
jimmyw.jmg@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley  
Name of Person  
800 773-0888  
at ( )  
Area Code Daytime 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 ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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
AMBR	Hannah D Wendricks		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10204 Julia Isles Ave. Oxford, Florida 34484	<input checked="" type="checkbox"/> Change
AMBR	James R Wendricks		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10204 Julia Isles Ave. Oxford, Florida 34484	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

*(This area contains horizontal lines for amending information.)*

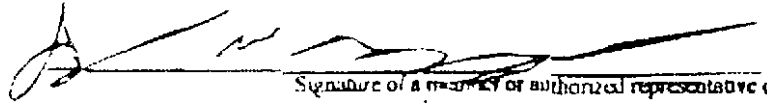
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 10/20/2021, \_\_\_\_\_



Signature of a member or authorized representative of a member

James R Wendnick

Typed or printed name of signor

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