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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Little Ray	of Sunshine, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jordan T Jones		
		Name of Person	
		Firm/Company	
	2094 Reston Circle		
		Address	
	Royal Palm Beach FL, 334	411	
		City/State and Zip Code	<u> </u>
	littlerayofsunshine.2021@g		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Jordan T. Jones		561 758-7724 at ()	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration Se	ection
Registration Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Ray of Sunshine, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recor- ited Liability Company)	<u>us.</u> ,
he Articles of Organization for this Limited Liability Comp	pany were filed on June 25, 2021	and assigned
orida document number L21000294586		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
low Your RollBro, ELC		
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u>S</u>)	
		24
nter new mailing address, if applicable:	Attn: JJ4570	
Aailing address MAY BE A POST OFFICE BOX)	1911 Western Avenue	
	Plymouth, IN 46563	N
		<u> </u>
. If amending the registered agent and/or registered off	ace address on our records, enter	r the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Tow Registered Office Padress.	Enter Florida street addre	35
	,F	lorida
	City	Zip Code

New-Registered Agent's Signature, if changing Registered Agent:

t 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 =	Ma	ina	ger
		_	_

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
- 		·	□Add
			□Remove
			□Change
			Remove
			□Change
		 	□Add
			Remove
			□Change
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prio ck does not meet the applie	r to date of filing or mo cable statutory filing		g.) Pursuant to 605,020
cord specifies a delayed effective s filed.	date, but not an effective t	time, at 12:01 a.m. o	n the earlier of: (b) T	The 90th day after the
December 2	2024	·		
-				
/n_	124			
- In	Signature of a member or auth	norized representative of	of a memoer	