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COVER LETTER

: Registration Section Division of Corporations	
BJECT: Byte LOVING Little Angels L.L.C. Name of Limited Liability Company	
enclosed Articles of Amendment and fee(s) are submitted for filing.	
ase return all correspondence concerning this matter to the following:	
WANDA BUTEON Name of Person	
Firm/Company	
3-125 Baybide LAKES Blyd SE #103	
PALL BAY F1. 30909 City/State and Zip Code INFO Clit-CARE CRUISE L.C. Frail address: (to be used for future annual report notification)	
r further information concerning this matter, please call:	
Name of Person at (800) 027, 1974 Area Code Daytime Telephone Number	
sclosed is a check for the following amount: \$25.00 Filing Fee \$\$\$\$30.00 Filing Fee & Certificate of Status \$\$\$\$Certificate of Status \$\$\$\$\$(additional copy is enclosed)\$\$\$\$\$\$Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$	
Mailing Address: Street Address: Pagistration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

	Or	FII ~
Pytron Loving Limited Lia (Name of the Limited Lia (A Flo	ability Company as it now appears on orda Limited Liability Company)	OUI records.); FILED 1:52
The Articles of Organization for this Limited Liabilit	ty Company were filed on 11	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the Elife Cluiser The new name must be distinguishable and contain the words	U.C.:	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET AL</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	7.ip 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
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n effective ote: If the	date is listed, the date inscrited in	an the date of date must be specif this block does in the Departmen	not meet the ap	plicable statutory	or more than 90 day	(optional) s after filing.) Pursuan s, this date will not	nt to 605.0207 be listed as
	cifies a delayed	effective date, bu	it not an effectiv	ve time, at 12:01 a	a.m. on the earlier	of: (b) The 90th d	ay after the
is filed.	20 K	1000 P	195				
record specific is filed.	20 K	Signature	of a member or a	uthorized represent	tative of a member		<u>-</u>

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