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JIVISION OF CORPORAIR

T. MATTHEWS JUL 29 2022

COVER LETTER

TO:

TO: Registration S Division of Co					
OT IN ARLESSE		LITTLE, LLC.			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		LAUREN LITTLE			
		Name of Person			
•		Firm/Company			
Name of Person Firm/Company 4215 SAN BERNADO DR Address JACKSONVILLE, FL 32217 City/State and Zip Code E-mail address: (to be used for future annual report notification)					
		Address			
		JACKSONVILLE, FL 32217			
		City/State and Zip Code			
			rt notification)		
For further information	concerning this matter, please c	all:			
LAUREN LITTLE		904 at ()	465-0173		
Name (of Person	Area Code D	Daytime 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	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Pagistration Section		Street Addro Registratio			
Registration Section Division of Corporations		Division of	f Corporations		
P.O. Box 63.	27		e of Tallahassee		
Tallahassee,	FL 32314	2415 N. M	onroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

LAUREN LITTLE, LLC

22 MAY 24 AM 10: 25

(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our recoility Company)	ords.)
The Articles of Organization for this Limited I Florida document number <u>L22000007909</u>	Liability Company we	ere filed on	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabilit	y company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	-	N/A	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office add	dress on our records, <u>en</u>	ter the name of the new register
agent analyst the new registered office addr	11010		
Name of New Registered Agent: NO CHANC			
New Registered Office Address:	4215 SAN BERN.		
	•	Enter Florida street ad	dress
	JACKSONVILLE	: 	, Florida 32217
		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>	Name	<u>Address</u>	Type of Action
	NO CHANGE	NO CHANGE	
			□Remove
			□ Change
			🗆 Add
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			□Remove
			□Change

ffective date, if other than the date of filing: (optional) 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 dozes if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. Tecord 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 is filed. Add Add Add Add Add Add Add Add Add Ad		address: 4215 San	i Bernado Dr	Jack es nvill	le, FL 32217	r				
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VICTORIA ACCULATION	is filed.			~ ?	1022					
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Filing Fee: \$25.00