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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A little me time 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:
Lacey Robinson Name of Person
Alittle me time LLC Firm/Company
161 Grades circle Largo, Fl 33771
Largo, Fl 33771 City/State and Zip Code
Stormy Aesthetics. LLC @gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please eall:
Lacey Robinson at (727) 902-6760 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\int \frac{1}{2}

Mailing Address:

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

Street Address:

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

A little me time LLC

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2200004154</u> 5	ny were filed on January	Alst and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
Stormy Aesthetics	5 LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u> i	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	353
<u></u>		lorida
	City	Zip Code
ar in the state of	. 4 .	

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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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If an effective dat Note: If the dat	e, if other than the one is listed, the date must ate inserted in this blo-fective date on the Defective date.	be specific and ck does not m	cannot be prior to seet the applica	o date of filing or t ble statutory fili	nore than 90 days	ptional) after filing.) Pursuant this date will not b	to 605.0207 be listed as
e record specifi rd is filed.	ies a delayed effective	date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier o	E(b) The 90th da	y after the
	il aloth	,	<u> 2022</u>				
Dated Apr	11 00						
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