L22000137418

(Requestor's Name)
• • •
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900436447819

(1) 1. (7) (2-1-1) 1. (2-1-1) (2) (4-1) (3)

9/19/24

COVER LETTER

100

Tallahassee, FL 32314

	stration Sec ion of Corp					
SUBJECT:	JITTLE WA	ARRIOR WELLNESS GROU	JP. LLC			
SUBJECT: _	,	Name of Lim	nited Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return a	ill correspor	ndence concerning this matter	to the following:			
		Arian Baez				
			Name of Person			
		LITTLE WARRIOR WEL	LNESS GROUP, LLC			
			Firm/Company			
		1000 Brickell Avenue Suit	te #715 PMB298			
			Address			
		Miami, FL 33131				tatus &
		<u></u>	City/State and Zip Code			
		exteriordevo@outlook.com				
		E-mail address: (to be used for future annual report no	otification)		
For further info	ormation co	ncerning this matter, please ca	all:		- ·*	7.
Arian Baez			786 603-9522		•	```
	Name of	Person	at () Area Code Dayti	me Telephone Number		- 4
						•
Enclosed is a c	heck for the	e following amount:				
□ \$25.00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificate Certified (additional c	e of Statu Copy	18 &
	ng Address Stration Se		Street Address: Registration S	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE WARRIOR WELLNESS GROUP, LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 5/20/2	2024 and assigned
Florida document number L22000137418	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	:
EXTERIOR DEVELOPMENTS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" 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)	
	-
	· ?
3. If amending the registered agent and/or registered office address on our reco	ords, enter the name of the new regis
gent and/or the new registered office address here:	1
	ì
Name of New Registered Agent:	,
Name Devices and Office Address	.:
New Registered Office Address: Enter Florida	street address
	, Florida
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 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 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
	 		□Remove
			□Change
			□Add
			□Remove
			□ Ghange
			
			□Remove
			☐Change
			□Add
		**************************************	□Remove
			□Change
			□Add
			□Change

Page 2 of 3

.

				<u> </u>
				
				·
				-

	·			
				
			· <u></u> -	207.
	· ·			
fective date, if other than the date of	filing:		(optional)	
an effective date is listed, the date must be specificate: If the date inserted in this block does becument's effective date on the Departmen	fic and cannot be prior to conoc meet the applicable			
record specifies a delayed effecti The 90th day after the record is fi		n effective time,	at 12:01 a.m. or	າ the earlier o
September 3	2024			
	fac 10	2 ce l		
Signature	of a member or authorize	ed-representative of a m	ember	

Page 3 of 3