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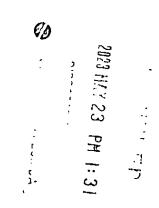
| (Requestor's Name) | |
|--------------------------|--|
| (Address) | |
| (Address) | _ - |
| (City/State/Zip/Phone #) | |
| WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | ···· |
| Certificates of | Status |
| Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | porations | | |
|---|--|---|---|
| Little Miss | Holistic LLC | | |
| SUBJECT: | | | |
| | Name of Limi | 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: | |
| ٧. | 3 · | J. | |
| | Natalie Henne | | |
| | | Name of Person | |
| | | Name of Ferson | |
| | | | |
| | | Firm/Company | |
| | 3585 Tomlinson St | | |
| | | Address | |
| | Address Bonita Springs, FL 34134 City/State and Zip Code lilmholistic@gmail.com | | |
| | -, | | |
| | lilmholistic@gmail.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please ca | all· | |
| Natalic Henne | oncerning and matter, prease et | 239 560-8892 | |
| . Addite Telline | | | |
| Name o | r Person | Area Code Daytin | ne Telephone Number |
| Part and the above for d | La Callandina amanan | | |
| Enclosed is a check for the | | _ | |
| □ \$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) |
| Marria Ada . | | Connet Addresse | |
| <u>Mailing Addres</u> Registration (| | <u>Street Address:</u> Registration Se | ection |
| Division of C | Corporations | Division of Co | rporations |
| P.O. Box 632 | | The Centre of | Tallahassee |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Little Miss Holistic LLC | 202 | 23 MAY 23 AM 16: 4/ |
|---|---|---------------------------------|
| (<u>Name of the Limited Lial</u> (A Flor | bility Company as it now appears on our record rida Limited Liability Company) | <u>is.</u>) |
| The Articles of Organization for this Limited Liability Florida document number | y Company were filed on | and assigned |
| his amendment is submitted to amend the following | : | |
| a. If amending name, enter the new name of the li | imited liability company here: | |
| he new name must be distinguishable and contain the words "I | .imited Liability 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 AD | DRESS) | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or registe gent and/or the new registered office address her | | the name of the new regist |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | Enter Florida street addre | SS |
| | E | lowida |
| | , FI | 7in 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> | Address | Type of Action |
|--------------|---------------|--|----------------|
| AMBR | Natalie Henne | 3585 Tomlinson St Bonita Springs, FL 34134 | |
| | | | = Add |
| | | | □Remove |
| | | | _ |
| | | · Address of | □Change |
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| ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D | st be specific and cannot be pri lock does not meet the app | or to date of filing or more than 9 licable statutory filing require | (optional) 00 days after filing.) Pursuant to ements, this date will not be | 605.0207 listed as |
| record specifies a delayed effectiv | e date, but not an effective | time, at 12:01 a.m. on the ea | urlier of: (b) The 90th day | after the |
| | | | | |
| May 19 | 2023 | | | |
| | , 2023 , ———————————————————————————————————— | · | | |
| May 19 Pated | Maxai, | thorized representative of a men | | |