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COVER LETTER

	stration Sec sion of Corp			
	The Little G	ym of Port Saint Lucie, LLC		
SUBJECT: _				
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspor	idence concerning this matter	to the following:	
		Jessica Haffkoss		
			Name of Person	
		The Little Gym of Port Sai	int Lucie, LLC	
			Firm/Company	
		4416 SW Gagnon Road		
			Address	2024
		Port Saint Lucie, FL 34953	3	2024 HAR
			City/State and Zip Code	100
		jessicahaffkoss@gmail.com		2 - 6 PH
For further int	formation co	n-mail address: (oncerning this matter, please c	to be used for future annual report notification)	2: 02
		meering this matter, prease c		12
Jessica Haffko			727 804-2474 at ()	
	Name of	Person	Area Code Daytime Telepho	ne Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling 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)
Reg	ing Address	ection	Street Address: Registration Section	
Divi	ision of Co	orporations	Division of Corporatio	ns

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Little Gym of Port Saint Lucie, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/17/2023}{}$ and assigned Florida document number L23000335899 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HH Kids, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv

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>	Name	Address	Type of Action
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			□ Rеточе
			□ Change
			□Add
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Effective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	to date of filing or more than 90 days after filing.) Pursuant to 60 able statutory filing requirements, this date will not be lis	
record specifies a delayed effective date, but not an effective to d is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated February 28 2024	<u> </u>	
Pated NA POLITICAL NA POLITICAL	orized representative of a member	

Filing Fee: \$25.00