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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor		•	
LITTLE B	ABES LLC		és.
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:	
	Melinda Gutierrez		
		Name of Person	
		Firm/Company	<u></u>
	1075 Monday Lane		
	-	Address	
	LaBelle FL 33935		
	Cal-Dalana ta 10 annila	City/State and Zip Code	
	LittleBabesandcol@gmail.d E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	
MelindaGutierrez		863 5174443	
Name o	of Person	at () Area Code Daytim	e 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 Addre		Street Address:	ection
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Sto Man

Little Babes 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 Compa	any were filed on 8/14/2023	and assigned
Florida document number L23000382855		
This amendment is submitted to amend the following:		
This afficitument is submitted to afficilt the following.		
A. If amending name, enter the new name of the limited l	iability company here:	
Little Babes & Co LLC	<u></u>	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered offi	ce address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:		
N. CN. B. C. LA		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	<u> </u>	<u> </u>
	Enter Florida street addre.	
		lorida
	City	гір Соае

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
			□Add
			□Remove
			□Change
			□Add
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			□Change
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ffective date, if other than th	ne date of filing:		(optional)
an effective date is listed, the date note: If the date inserted in this	oust be specific and cannot be prior to dat block does not meet the applicable	te of filing or more than 90 day statutory filing requiremen	s after filing.) Pursuant to 605.0207 (ts, this date will not be listed as t
ocument's effective date on the	Department of State's records.	, .	
record specifies a delayed effect Lis filed.	ive date, but not an effective time, a	nt 12:01 a.m. on the earlier	of: (b) The 90th day after the
August 16	2023		
<u> </u>	·		
Melu	Siture/	 	
, , , 00	Signature of a member or authorized	representative of a member	
Melinda Gutierrez			
 -	Typed or printed nar	me of signee	