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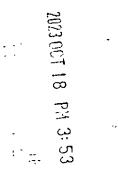
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor	ction porations	4	
	LittleOne, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Haleigh Patterson		
		Name of Person	
	Wondering LittleOne, LLG	Ĉ.	
		Firm/Company	
	7656 53rd St. N	,	
		Address	
	Pinellas Park, FL 33781		
		City/State and Zip Code	
	WanderingLittleOne23@gr	nail.com to be used for future annual report not	Marian \
For further information c	oncerning this matter, please c		meaton)
Haleigh Patterson		386 337-1148 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
,		,	
Enclosed is a check for the	ne 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 Address Registration	Section	Street Address: Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 18 PM 3: 53

(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 99/14/2023 and assigned Florida document number 1.23000429771

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Wandering LittleOne, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:	N/A			
New Registered Office Address:	N/A			
New Registered Office Paddless.	_	Enter Florida st	reet address	
			, Florida	
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Wondering LittleOne, LLC

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:

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Z]Add
			□Remove
			□Change
		/	□Add
-			□ Remove
			□Change
			□Add
			□Remove
	N/A		□Change
		/	□ Add
			□Remove
		·	□Change
			□Add
			Remove
			□Change
			□Add
/			Remove
			□Change

 	NIO
<u> </u>	<u> </u>
	/
	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 block does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effecti record is filed.	we date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the
Dated September 27th	. 2023
11 Lineal	Signature of a member or authorized representative of a member
11000	f fac

Filing Fee: \$25.00

Typed or printed name of signee