L23000530182

	(Requestor's Name)	
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Date- 12/5/2023

Stealth Courier Box

Requester: Greenspoon Marder Company: 50 Cottage Way LLC

Job#: 15002576

COVER LETTER

TO:

TO: Registration Division of C				
50 COTT	CAGE WAY LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing		
	pondence concerning this matter			
	Dulce Lagarma			
		Name of Person		
	Greenspoon Marder LLP			
		Firm/Company		
	600 Brickell Avenue, Suit	e 3600		
		Address		
	Miami, FL 33131			
		City/State and Zip Code	<u></u>	
	mrsberk@me.com			
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Dulce Lagarma		305 789-2770		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the 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 Addr Registration		Street Address: Registration See	ition	
_	Corporations		Division of Corporations	
P.O. Box 63	327	The Centre of T	allahassee	
Tallahassee, FL 32314		2415 N. Monroc	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023 DEC-5 AM 9: 47

50 COTTAGE WAY LLC		· · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jiability Company)	TALLAHASSEE, FLOR
The Articles of Organization for this Limited Liability Company Florida document number L23000530182	were filed on 11/28/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
LITTLE BLUE HEAVEN LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the 1	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I a provided for in Chapter 605, F.S.	un familiar with and Or, if this document is

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>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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			Change

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. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior a Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	(optional) ordate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 to ble statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective tingeord is filed.	be, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 05 2023	
	_·
Signature of a member or author	ized representative of a member
Dulce Lagarma	
	name of signee