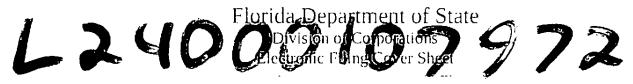
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000099412 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Fmail	Address:				



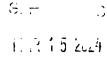
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LITTLE BUNDLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

Help



3/14/2024 (1.25.48 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Bundles LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed or	03/01/2024 and assigned
Florida document number L24000107972	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability compan</u>	y here:
The new name must be distinguishable and contain the words "Limited Liability Company."	the design of LCN and the major of LCN
the new name must be distinguishable and contain the words "Limited Littolity Company,"	me designation (E.E.C.) or the abbreviation (E.E.C.)
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	174 174
	TAR
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	S. S.
	·
	i i
B. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address

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.

Cuv

Zip Code

3/14/2024 14:25:48 PDT To: 13506176383 Page: 3/4 Fax: 8134365206

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>	<u>Address</u>	Type of Action
AMBR	Murphy, Justin	4024 E CARDINAL PINES DR	X :Add
		MASCOTTE, FL 34753	□Remove
		· - · · · · · · · · · · · · · · · ·	□Change
			CAdd
			□Remove
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Note:	ve date, if other that retive date is listed, the da if the date inserted in ent's effective date on	this block does not	meet the applicab	date of filing or more tle statutory filing re	(optional) than 90 days after filing.) quirements, this date	Pursuant to 605,0207 (3)(b) will not be listed as the
f the record		ffective date, but no	ot an effective (im	e, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
Dated (03/14		2024	. <i>•</i>		
•		Smil.				

Typed or printed name of signee