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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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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 Division of C			
SUBJECT: 3	Little Dieco	mers LLC	<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Alison	E Jolon Name of Person	
	Monu F	Firm/Company	
		Mulberry a	71
	Tampa	City/State and Zip Code On @ Out look. to be used for future annual report noti	
	E-mail address: (to be used for future annual report noti	COM fication)
For further information	concerning this matter, please ca		
Alison	of Person	at (<u>813</u>) 297	8207 e 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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
MGR	Alison E Jolon	1604 E. Mulberry or tampa Fl. 33604	□Add
			□Remove
			Xi Change
AMBR	Alison E Jolon	1604 E. Mulberry or tamp Fl. 336 by	<u>α</u> ½ i∧dd
			□Remove
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document's	effective date on th	ne Department	of State's re	ecords.					- 3	
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e record spec rd is filed.	cifies a delayed effe	ective date, but	i not an effe	ctive time, a	12:01 a.m. c	m the earlier	of: (b)	The 90th da	y aftér the	
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