## L24000283849

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





500432053895

08/28/24--01015--001 \*\*25.00

X4/6/24

## **COVER LETTER**

TO: Registration Se Division of Cor			
ALWA SP	LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Sheena Palacios		
		Name of Person	
	ALWA SP LLC		
		Firm/Company	. <del></del>
	221 Palm Ave E		
		Address	<del></del>
	Nokomis, Florida 34275		
		City/State and Zip Code	
	littleworldacademy24@gma		
		to be used for future annual report no	otitication)
For further information c	concerning this matter, please co	all:	
Sheena Palacios		941 9930004 at ( )	
Name c	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u> </u>
mpany as it now appears on our records.) med Liability Company)	
pany were filed on June 24, 2024	and assigned
tiability company here:	
Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
<u> </u>	
fice address on our records, <u>enter the</u>	name of the new registe
<u></u>	
Enter Florida street address	
EN 223	I
Florid	aZip Code
	Enter 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.

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
AMBR	Sheena Palacios	221 Palm Ave E, Nokomis FL 34275	<b>=</b> Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			\ \ \ \ \ \ \_Add
			⊡Remove
			□Change
			□ Add
			⊡Remove
			□Change

				<u></u>	
	<del>_</del> .			·	
		<del></del> -			<del></del>
<u> </u>		<u> </u>	<del></del>		
	· · ·				
					-3-1-3
			··· .		
	<u> </u>				
	-	•			<del></del>
ective date, if other than the	date of filing: _			(optional)	
n effective date is listed, the date must te: If the date inserted in this blorument's effective date on the Di	ock does not meet	the applicable sta	tutory filing require	ements, this date will	not be listed as
cord specifies a delayed effective	e date, but not an e	effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90	th day after the
s filed.					1
нед <u></u>	2	024			-

Typed or printed name of signee