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





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COVER LETTER

Div	ision of Cor	porations	
		Investments, LLC	
SUBJECT:		Name of Lim	ited Liability Company
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return	i ali correspo	ndence concerning this matter	to the following:
		Jennifer Gaither	
			Name of Person
			Firm/Company
		12970 Port Said Road	
			Address
		Opa Locka, FI 33054	
			City/State and Zip Code
		Jliegaither@proton.me	to be used for future annual report notification)
For further i	nformation c	oncerning this matter, please ca	
Jennifer Ga	aither		786 554-4557 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
□ \$25,00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres		Street Address: Registration Section
		orporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Cabin Investments, LLC	shility Company as it now appears on	our records)
(A FI	ability Company as it now appears on orida Limited Liability Company)	741 1 (CQ1 (45.)
The Articles of Organization for this Limited Liabili Florida document number L24000296036	ty Company were filed on July 1st	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
The new name must be distinguishable and contain the words	'Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	. N/A	
Principal office address MUST BE A STREET AL		2:
Trincipus office		יילי
		
Enter new mailing address, if applicable:	N/A	S .
	<u></u>	
Mailing address MAY BE A POST OFFICE BOX	1	
	.	<u></u>
3. If amending the registered agent and/or regist gent and/or the new registered office address he		ds, <u>enter the name of the new reg</u> i
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida si	reet address
		File and a
_	 _	, Florida

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 m Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I kerefy confirm that the limited liability

company has been notified in writing of this change.

If Changing Leis tred 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
AMBR	Jennifer L Gaither	12970 Port Said Road	\Add
		Opa Locka, FI 33054	Remove
			□Change
AMBR	JENNIFER GAITHER	12970 Port Said Road	lAdd
		Opa Locka, Fl 33054	□Remove
			☐ Change
			□Remove
			□Change
			□ Remove
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			□Remove
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fective date, if oth	er than the date	of filing:	t he prior to date	of filing or more t	han 90 days after	o nal) filing.) Pursuant to 605
ote: If the date inser	ted in this block de	oes not meet th	ie applicable st	atutory filing re	quirements, this	date will not be list
cument's effective d	late on the Departr	nent of State's	records.			
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is filed.	ayeu enecuve date	, out not an er	rective time, at	12.01 2,111. OH L	ne carner or. (b	y The Sources and
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AUGUST 8TH	<u> </u>		24////	_		
			112 1			
	Signa	ture of a membe		epresentative of a	member	
	Signa	ture of a memor	of appoprior	cpresentative of a	Hember	

Filing Fee: \$25.00