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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Little Guardian COCO
DOCUMENT NUMBER: N19000055438
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
April Cino
(Name of Contact Person)
Little Guardian (Firm/Company)
(Firm/ Company)
5601 21st ave N apt # 105
(riddicos)
Saint Petersburg, FL 337/0 (City/ State and Zip Code)
(City/ State and Zip Code)
Pur ok people later - 77 Q Uchoo, Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
April Cino at 727 563-9986 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S45.2.50 Filing Fee Certificate of Status (Additional copy is Enclosed)
★ Mailing Address ★ Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation

VI
Little Guardian Corp
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617,1006. Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NA			The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the	abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA		~~~~
		TALLIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	HASSEE.	± 77
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the	e name of the	21
Name of New Registered Agent:	pril Cino		
New Registered Office Address:	21 St Ave	N. Apt	#105
Saint	- Petersburg	Florida	3710

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. Ther a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	NA	
Add Remove		
2) Change	NA	
Add		
3) Change	NA	
Add		
4) Change	NA	·
Add		
5) Change	NA	
Add Remove		
Remove	NIA	
Add		
Remove		

NIA	. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
	l l

The date of each amendment(s) a	doption: 5 31 19	, if other than
date this document was signed. Effective date if applicable:	5/31/19	
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requiepartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approx	dopted by the members and the number of votes cast ral.	for the amendment(s)
☐ There are no members or men adopted by the board of direct	abors entitled to vote on the amendment(s). The amenors.	ndment(s) was/were
Dated	5/31/19	
Signature		
have not be	rman or vice chairman of the board, president or otheren selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	
	April Cino (Typed or printed name of person sign	
	(Typed or printed name of person sign	ning)
	President	
	(Title of person signing)	