

(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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JUN 05 2017 R. WHITE

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: LITTLE FROGGIES INC. DOCUMENT NUMBER: PO7000116178				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARIA N. MEJIA Name of Contact Person LITTLE FROCGIES, INC. Firm/ Company 4212 KENILWORTH BLUD Address SEBRING IZ DRIJA 33870 City/ State and Zip Code Professional Tax @ Embargmail, Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MARIA N. Meyra at (863) 385-9411 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:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 5327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

- 11.11 0- - 117.13

1:1410 5	Francisco Trac
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
(Doc)	ument Number of Corporation (if known)
	•
sursuant to the provisions of section 607,1006, Floring Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the	corporation:
	The new vord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
3. Enter new principal office address, if applicab	
Principal office address <u>MUST BE A STREET AL</u>	DDRESS)
	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>30X</u>)
). If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
lew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.	degistered Agent: 1. I am familiar with and accept the obligations of the position.
	gnature 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, and 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 = Chief 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. There is 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 Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SV	MARIA N. MEJIA	4212 RENILWATH BLYD SOBRING, PL 33870
Add			SUBRING, PL 33870
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
···	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: My 26, 2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	г
Dated5/25/17	
Signature Malia	
(By a director, president or other officer - if directors or officers have not b	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
Maria N. Meira	
(Typed or printed name of person signing)	
VT	
(Title of person signing)	

COVER LETTER

TO: Amendment Section

Division of Corporations				
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LITTLE FROCGIES, INC.				
4212 KENILWORTH BLVD Address				
Address				
SEBRING IZORIJA 33870				
City/ State and Zip Code				
SEBRING 12 DRISA 33870 City/ State and Zip Code Professional Tax @ embangmail, com E-mail address: (to be used for future annual report notification)				
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S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building