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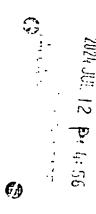
(Re	equestor's Name)	_·
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LITTLE PROCES	S SERVICE, INC	
DOCUMENT NUM			
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	GLENROY LITTLE		
	LiHIE PROPER 2018 N PALFOX STREET	Name of Contact Perso	
	PENSACOLA, FLORIDA 33	Address 2501	
	GLENROY27@GMAIL.CO	City/ State and Zip Cod	e
For further informatio		sed for future annual report	notification)
GLENROY LITTLE		at (<u>850</u>	261-3849
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

LITTLE PROCESS SERVICE, INC	
	tly filed with the Florida Dept. of State)
P09000028165	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
LITTLE PROPERTY SOLUTIONS, INC	TI
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered." "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2018 N PALAFOX
(Principal office address MUST BE A STREET ADDRESS)	PENSACOLA FLORIDA 3250Y
	24 J
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2018 N PALAFOX STREET . N
	PENSACOLA FLORIDA 32501
	: : : : : : : : : : : : : : : : : : :
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:
Name of New Registered Agent	
(Flacida et	reet address)
2018 N PALAFOY STOR	ET 32501
New Registered Office Address:	(City) , Florida (Zip Code)
	(Lap Cout)

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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Add

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 <u>PT</u> John Doc X Remove $\underline{\mathsf{V}}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) 1) ____ Change Add ____ Remove 2) ____ Change ____ Add ___ Remove 3) ____ Change ___ Add Remove 4) ____ Change ___ Add _ Remove 5) ____ Change __ Add __ Remove 6) ____ Change

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
			
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f an amendment provides for an excl	iange, reclassification, or c	ancellation of issued sh	ares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	
(grant appropriate (mineral control			
		-	
_ 			
)		
11			

date this document was signed. Effective date if applicable:
(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 date will not be listed a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
Dated
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
GLENROY LITTLE
(Typed or printed name of person signing)
(Title of person signing)

the

the