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R. WHITE NOV 19 2018 SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
CLUSTS		prises, LLC		
SUBJF	:C1:	Name of Line	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Mark A. Freeman, Esq.		
			Name of Person	
		Lore Enterprises, LLC		
			Firm/Company	
		2750 Taylor Avenue, Suite		
			Address	
		Orlando, Florida 32806		
		mark@loreenterprises.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ea	ill:	
Mark A	A. Freeman, Esq		407 230-5146	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

2018 NOV -5 PH 2: 47

Lore Enterprises, LLC

SECRETARY OF GTATE

(Name of the Limited Liability Company as it now appears on our records PHASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ty Company were filed on 6/22/2007	and assigned
Florida document number L07000065613	·	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Lore Legal Services, PLLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office.		enter the name of the new
registered agent and/or the new registered office	address here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Flor	ida Zip Code
Name B. Carlotta and Green and Green and British and Green and Gre		74. Com

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
			🗀 Add
			Remove
			□ Change
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effective date is listed, the	date must be specific	and cannot be prior to date	of filing or more than 90	days after filing.) Pursuant to Gents, this date will not be 1	
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ne 90th day after t			,		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00