Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYNDA S. HODGSON LEASE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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## **COVER LETTER**

TO:	Registration Se Division of Cor			•		
CUBIE		. HODGSON LEASE PROPER	TIES, LLC			
SUBJE	U1:	Name of Limi	····			
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.  Firm/Company  101 N Brand Blvd 11th Fi				
		Aildress				
		Glendale, CA 91203	•	2019 SEP		
		. <del></del>	City/State and Zip Code	٠,	SE	
		johnvol66@gmail.com	Maria de Maria		12	
For first	her information	e-mail address: () concerning this matter, please of	to be used for hitture annual report notifi	cation)	P	
	ne Moseley	collectiving and immed, presses a	800 773-088B	•	ယ္	;
	Name	of Person	Area Code Daytime	Telephone Number	9	
Enclose	d is a check for	the following amount:				
t□ <b>\$</b> 25	60 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C \$60.00 Filling Fee, Certificate of Stat Certified Copy (additional copy is en	nis &	

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

(Name of the Limited Liability Compa (A Florida Limited)		
The Articles of Organization for this Limited Liability Company	were filed on <u>07/30/2019</u>	and assigned
Florida document number L19000194234		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Hab	olity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4978 S., Peninsula Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Ponce Inlet, Florida 32127	
		·. <u>2</u>
		···· S
Enter new mailing address, if applicable:	4978 S., Peninsula Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	Ponce Inlet, Florida 32127	N (13)
- <del></del>	<del></del>	<u> </u>
		့ ယူ
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	_ * =	enter the name_of the new
Name of New Registered Agent:	~	
New Registered Office Address:	Enter Florida street address	<del></del>
	, Ftori	
	City	Zip Code

## 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 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

Title	<u>Name</u>	Address	Type of Action
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		nformation, enter change(s) here: (Attach additional sheets, if necessury.)
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Lynda S. Hodgson		SON .

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Filing Fee: \$25.00