L20000297880

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S. YOUNG

COVER LETTER

Division of Corp	porations	•	
LR2N ENT SUBJECT:	ERPRICE LLC	. •	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub	omitted for filing.	
	ndence concerning this matter		
	ROSALINA NAVARRO	SILVA	
		Name of Person	
		Firm/Company	
	18494 HUNTERS MEAD		
		Address	
	LAND O LAKES, FL 34		
	rosalinanavarro92@gmail.c	City/State and Zip Code com	
	E-mail address: (to be used for future annual report notifi	ication)
For further information ex	oncerning this matter, please c	all:	
ROSALINA		813 325-3054	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 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	<u>s:</u>	Street Address:	

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

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LR2N ENTERPRICE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	iability Company	were filed on 09/2	12/2020	and assigned	
Florida document number <u>L20000297880</u>				υ ω	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f th <u>e</u> limited liabi	lity company her	<u>re</u> :		
LR2N ENTERPRISE LLC					
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:		n/a	<u>_</u> ,		_
(Principal office address MUST BE A STREE	T ADDRESS)		-		_ _
Enter new mailing address, if applicable:		n/a			<u> </u>
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				_
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		ddress on our re	cords, <u>enter the nan</u>	ne of the new regis	<u>tered</u>
New Registered Office Address:		Enter Flori	da street address		_
		City	, Florida	Zip Code	_
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of i provided for in C	my duties, and Lam hapter 605, F.S. Or	familiar with and , if this document i	

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
n/a_	nla	n/a	
			Remove
			Change
			🗖 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
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			🗀 Add
			□Remove
			□Change

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ote: If the date inserted in this	aust be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
is filed.		m, on the earlier of: (b) The 90th day after the
October 4	2020 Navarro S/VA Signature of a member or authorized representations and the second	
	·	
Rosalin	in Navarro 5/va	

D. If

Filing Fee: \$25.00