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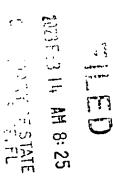
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operations to ming officer.

Office Use Only



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COVER LETTER

Division of Cor	porations		
SUBJECT:	2 Lyon's Den Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Blajani N/A	Name of Person Firm/Company	
	3146 Deser	Address 30344 City/State and Zip Code	<u> </u>
	biajani-lop	120 q man . Com	>
For further information c	oncerning this matter, please ca	U	neation)
BIAJANI Name o	Person	at (LTB) 962- Area Code Daytim	5566 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2023

BIAJANI LOPEZ 3146 DESERT DRIVE UNIT 3 ATLANTA, GA 30344

SUBJECT: THE LYON'S DEN, LLC

Ref. Number: L21000529299

We have received your document for THE LYON'S DEN, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

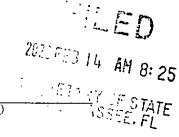
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 222A00016834

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	Our records.) AM 8: 20 SSEE STATE
The Articles of Organization for this Limited Liab	ility Company were filed on Dec	16,2021 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le:	nation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered office address b		rds, enter the name of the new registered
Name of New Registered Agent:	Kiver Allen	
New Registered Office Address:	Enter Florida	street address
	City	, Florida

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 Type of Action Title <u>Address</u> Name □ Change

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ffective date, if other	than the date of filing:		(optional)	
an effective date is listed, t	he date must be specific and cann	ot be prior to date of filing or mor the applicable statutory filing	re than 90 days after filing.)	Pursuant to 605.0207 will not be listed as
	e on the Department of State'		•	
record specifies a delay	ed effective date, but not an e	ffective time, at 12:01 a.m. or	n the earlier of (b). The	e 90th day after the
d is filed.	de crecine date, our not an e	rective time, at 12.01 a.m. of	rine carner on (b)	. Jour day after the
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Dated <u>FEDIUA</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		
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	Signature of a memb	eFor authorized representative o	t a member	
	KIVER.	HLUUN		

Filing Fee: \$25.00