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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
\$110 tC/T.	Sharonda Lawrence Real Estate LLC  Name of Limited Liability Company					
SOBJECT:						
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
			•			
read recapi	i un correspo	indence concerning this matter	to the following.			
		Sharonda Lawrence				
			Name of Person	<del></del>		
	Sharonda Lawrence    Sharonda Lawrence   Sharonda Lawrence					
Subsect:    Sharonda Lawrence Real Estate LLC						
Address  Lakeland FL 33813  City/State and Zip Code						
Sharonda Lawrence  Firm/Company  4097 Shadetree Lane  Address  Lakeland FL 33843  City/State and Zip Code lawrencesharonda@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharonda Lawrence  813 513-0208						
		Lakeland FL 33813				
			City/State and Zip Code	<del>-</del>		
For further in	iformation c		·	tiffication)		
Sharonda La	wrence					
	Name o	f Person	at () Area Code Dayti	nie Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy		
				ection		
Division of Corporations						
rai	ianassee. 1	TL 0401 <del>4</del>	2415 N. Monr	oc street, suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sharonda Lawrence Real Estate LLC

2022 11 20 PH 12: 28

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

(A Florid	la Limited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability C	Company were filed on 07/14/2022	and assigned.
Florida document number 1.22(00)313677		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Sharonda Lawrence LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registere	ed affice address on our records, enter t	ha nama of the new registered
agent and/or the new registered office address here:		ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Flo	rida Zip Code
	X Hy	eg · cau

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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record Lis tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	r the
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Typed or printed name of signee