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## **COVER LETTER**

TO: Registration So Division of Cor					
	Austin Family, LLC				
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Donna Ludtke				
		Name of Person			
	The LillianAustin Family,				
		Firm/Company			
	4760 Longchamps Drive				
		Address		•	
	Atlanta, GA 30319				
	donnaludtke@comcast.net	City/State and Zip Code			
	E-mail address: (0	to be used for future annual report noti	fication)		
For further information o	concerning this matter, please ca	all:		~	
George H. Austin		239 292-3885		1022 MAR V - 75 TH	<* ";
Name o	of Person	at () Area Code Daytim	e Telephone Number	<del></del>	13 14 
			·		
Enclosed is a check for the	he following amount:			ling Fee. 43	ر رسيا
<b>■ \$25.00</b> Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Lillian Austin Family, 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 Liability Company Florida document number	were filed on May 19, 2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	ne abbreviation "L.I. C "
Enter new principal offices address, if applicable:	4760 Longchamps Drive	
(Principal office address MUST BE A STREET ADDRESS)	Atlanta, GA 30319	
Enter new mailing address, if applicable:	4760 Longchamps Drive	
(Mailing address MAY BE A POST OFFICE BOX)	ATLANTA, GA 30319	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter the r</u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City , 1 torida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as packed to merely reflect a change in the registered office of company has been notified in writing of this change.	verformance of my duties, and La rovided for in Chapter 605, F.S. (	m familiar with and Or, if this document is

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
MGR	DONNA LUDTKE	4760 Longchamps, Dr., Atlanta, GA 30319	<b>≘</b> Add
			□Remove
MGR	GEORGE H. AUSTIN		□Change
	OPOROE PL AUSTIN	14970 Terrell Dr., Alva, FL 33920	□ Add
		14970 Tericii Di.,Aiva, Fr, 33920	≣Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
		<del>-</del>	□Add
		· -	□Remove
		<del></del>	□Change
			□Add
		<del> </del>	□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an e	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	March 2, 2022
	Signature of a member or authorized representative of a member
	George H. Austin