

106000085467

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 MAY -3 PM 1:09

MAY 05 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

LACEY MAY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LACEY HANMER

Name of Person

LACEY MAY, LLC, DBA: TRYST

Firm/Company

215 E 5th AVE

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

Midtowntryst@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LACEY HANMER

Name of Person

at

(850)

Area Code

222-0062

Daytime Telephone Number

Enclosed is a check for the 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:

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

**TO
ARTICLES OF ORGANIZATION
OF**

LACEY MAY, LLC DBA: TRYST

(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 were filed on 8/30/2006 and assigned
Florida document number L06000085467

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Please see page 2

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LACEY HANMER	232 E 5 th AVE	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input type="checkbox"/> Remove
★	I am keeping a location at	★	<input type="checkbox"/> Change
	215 E 5 th AVE, TALL, FL 32303		<input type="checkbox"/> Add
	and opening a second location at		<input type="checkbox"/> Remove
	the above 232 address, so I wanted		<input type="checkbox"/> Change
	to make sure the 232 address was		<input type="checkbox"/> Add
	added to my filing. Thankya!!		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MAY 3 PM 1:09
TALLAHASSEE, FL

Lined area for additional information or notes.

E. Effective date, if other than the date of filing: _____ (optional)

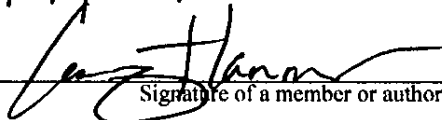
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____

5/1/2017



Signature of a member or authorized representative of a member

LACEY HANMER

Typed or printed name of signer

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SECRETARY OF STATE
17 MAY -3 PM 4:09
DIVISION OF CORPORATIONS