

LU6 0000 85467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

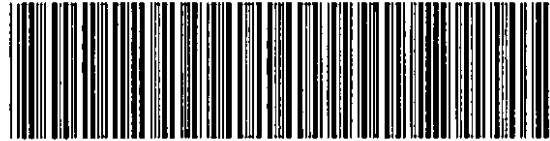
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FILED  
2020 JAN -6 AM 7:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FEB 04 2020

S. YOUNG

TO: Registration Section  
Division of Corporations

SUBJECT: LACEY MAY LLC. LO6000085467  
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

Firm/Company

1511 Hilltop Dr

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

264 5099

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 Address:**

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

TO  
ARTICLES OF ORGANIZATION  
OF

LACEY MAY LLC

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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)

1224 N ADAMS ST.

TALLAHASSEE, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1224 N ADAMS ST

TALLAHASSEE, FL 32303

**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

**MGR = Manager**  
**AMBR = Authorized Member**

↓

MGR LARRY HANMER 215 E 5th Ave ☐ Add

Tallalassa # 32303 ☒ Remove

☐ Add☐ Remove

1224 N ADAMS ST ☒ Change

Tallahassee, FL 32303 ☐ Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**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 13, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee