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COVER LETTER

	stration Se ion of Cor				
ann mar	Sout	HERN DOOR & TR	IM.LLC.		
SUBJECT: _	١ ٥٥٠	Name of Limit	ed Liability Company		
The enclosed a	Articles of .	Amendment and fec(s) are subn	nitted for filing.		
Please return a	II correspo	ndence concerning this matter to	o the following:		
		<u> </u>	F LANE Name of Person		
			DOOR & TRIM,		
		DOUTHERN	Firm/Company		
		2137 LEMO	N ST.		- 1
			Address		
		DELAND, FL	327:20		
			City/State and Zip Cod-		·.i
		BOON DOCKE	R & 2 @ GMAIL. be used for future annu-	CON)
For further inf	ormation co	oncerning this matter, please ca		•	F11 5: 1,2
<u>.</u>	JEFF L	ANE	at (386)	980 - H845	-
	Name of	Person	Area Code	Daytime Telep	hone Number
Enclosed is a c	check for th	e following amount:			
□ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		★ S60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclo
<u>Maili</u>	ing Addres	<u>s:</u>		<u>Address:</u>	
_	istration S		-	ration Section	lana
	sion of C Box 632	orporations 7		on of Corporati entre of Tallah:	
		, FL 32314		N. Monroe Stre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SOUTHERN DOOR & TR	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{01/03/2008}{}$ and assigned
Florida document number <u>L Ø8 Ø9 Ø Ø Ø Ø 54</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
CENTRAL FLORIDA CROWN, LL	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2137 LEMON ST.
(Principal office address MUST BE A STREET ADDRESS)	DELAND, FL 32720
	
	€
Enter new mailing address, if applicable:	2137 LEMON ST =
(Mailing address MAY BE A POST OFFICE BOX)	DELAND, FL 32720 DELAND, FL 32720 DELAND, FL 32720
	- 17 t2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	TF LANE
New Registered Office Address: 2137	LEMON ST.
	Enter Florida street address
DELA	City Florida 32.720 Zip Code
	City Zip Code

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

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>	Address	Type of Action
MGR	JEFF LANE	2131 LEMEN ST. DELAND, FL 32720	⊠ Add
		229 ELMWCOB ANE. DELAND, FL 32724	⊠Remove
			□Change
			□ Add
			□Remove
			nange ⊡Change
		·	□ Add
		. : . :	- Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be pri	ior to date of filing or more than 90 days after filing.) Pursuant to 605 licable statutory filling requirements, this date will not be itst
ument's effective date on the Department of State's record	
cord specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s tiled.	,
1ed SULY 12 . 2024	<u>. </u>
And AA	
Signature of a metalber or au	nthorized representative of a member
JEFF K. L	_ANE inted name of signee