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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Otty/Otate/Elp/ Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

Registration Section
Division of Corporations

SUBJECT:	\mathcal{L}	LAVENS	tennies	LLC.	
•	1	(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:

Annette Marie KnioLA
(Name of Person)
Deavers Pennies, LC.
(Firm/Company)
1331 2000 AR NE
(Address)
Naples FL 34120
(City/State and Zip Code)

For further information concerning this matter, please call:

Annette Kniola at (29) 353-331/ (Name of Person) (Area Code & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heave	ns Pani	es. LL			
(Name of the Limited L (A F	iability Company as it lorida Limited Liability	t now appears on o Company)	our records.)		
The Articles of Organization for this Limited Lial	bility Company were	filed on Qhe	2608	and assigned	i
Florida document number LOR 0000 10	480	'	,		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability co	ompany here:			
The new name must be distinguishable and end with	the words "Limited Lia	bility Company," t	he designation "L	LG" or the abbrev	 viation
"L.L.C."		, ,	-	SECT ALL	T
Enter new principal offices address, if applical	ble:	·		子のこ	POLICE STATE
(Principal office address MUST BE A STREET	ADDRESS)			5/5 5	11
	<u> </u>			FF 9:	
Enter new mailing address, if applicable:				器5	_
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				
•					
B. If amending the registered agent and/or registered agent and/or the new registered officers.		ddress on our r	ecords, <u>enter t</u>	he name of the	new :
Name of New Registered Agent:	Annette	Marie	Knois		
New Registered Office Address:	1331 2	one Ac	NE		
	Naples	(Enter F	lorida street add , Florida	iress) 34120	<u> </u>
	. (City	v)		(Zip Code)	
New Registered Agent's Signature, if changing Re	gistered 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 608, F.S. Qr, if this document is being filed to merely reflect a change in the registered office address, Lhereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title . Name **Address Type of Action** Add Remove Add Remove Add Remove □ Add Remove Add 🗖 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00