BWC11555

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIT IN	/AIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	

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11/02/17--01018--002 **25.00

COVER LETTER

Division of Cor	porations		
9057Lyons UBJECT:	, LLC		
363EC1.	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Beth T. Besu		
		Name of Person	<u></u>
		Firm/Company	
	13826 NW 23 Street		
		Address	
	Pembroke Pines, FL 33023	8	
		City/State and Zip Code	
	jb49x@yahoo.com E-mail address: (to be used for future annual report notif	ication)
or further information c	oncerning this matter, please of	•	
Beth T. Besu		954 629-4734 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
nclosed is a check for th	ne 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

9057Lyons, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on December 19, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9057 NW 57th Street
(Principal office address MUST BE A STREET ADDRESS)	Tamarac, FL 33351
Enter new mailing address, if applicable:	14550 Stirling Road
(Mailing address MAY BE A POST OFFICE BOX)	Southwest Ranches, FL 33330
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	e:
- 	SS 2
New Registered Office Address:	Enter Florida street address Florida City The Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
			Change
<u>.</u>			Add
			□ Remove
			Change
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	<u>8</u>
ective date, if other than the date of filing:	to 605 0207 (3)
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bument's effective date on the Department of State's records.	be listed as the
record specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the he 90th day after the record is filed.	earlier of:
	i
ed October 2017	

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Filing Fee: \$25.00