NO 000094722

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COVER LETTER

TO: Registration Division of	r Section Corporations		
eun irzer.	LONNIE PITTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	RENEE CRAWFORD		
		Name of Person	
	RUTH ATTAWAY CI	PA	
		Firm/Company	
	16216 NW ASHLEY S	SHIVER ROAD	
		Address	
	ALTHA, FL 32421		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
For further information	on concerning this matter, please e	all:	
RENEE CRAWFOR	D	850 674-299	
Nar	ne of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for	or 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)
<u>Mailing Ado</u> Registratio		Street Address Registration	
	f Corporations		Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONNIE PITTS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 9/10/2010	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Hiability 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 ADDRES	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7077
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the n	ame or the new registere
		1
Name of New Registered Agent:		OF S
New Registered Office Address:		S
	Enter Florida street address	STATE
	, 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 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
AMBR	JASON PITTS	12293 STATE ROAD 20 W	■Add
		CLARKSVILLE, FL 32430	□ Remove
			☐ Change
			□Add
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fective date, if other the effective date is listed, the late inserted in cument's effective date of	n this block does not n	neet the applicable	ite of filing or more tha	(optional) n 90 days after filing.) irements, this date w	Pursuant to 605.0207 fill not be listed as
	effective date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
-					
is filed.		2021			
is filed.	·	2021			
is filed.	Signature of a	Pitta.	Trepresentative of a m	ember	

Filing Fee: \$25.00