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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LYONS SOLUTIONS LLC 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:
John 6. Lyons Name of Person
LYONS SOLUTIONS, LLC Firm/Company
1501 S. TAMIAMI, TRAIL # 502
VZNICE, FL 34285 City/State and Zip Code The state of th
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toth G. L. YONS at (941) 497-4700 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

LYONSSOLITION	
(Name of the Limited Liability Co (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number LILOUDO & OD ZZ. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited I. The new name must be distinguishable and contain the words "Limited L.	iability company here:
-	1501 S. TAMIAM TRAIL #502
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) R. If amending the registered agent and/or registered	1501 S. Taniam', TRAIL #502 YAVICE, KL BYZSK I office address on our records, enter the name of the new
registered agent and/or the new registered office address	
Name of New Registered Agent:	HN G. LYONS
New Registered Office Address: 150	01 S. Jami Ami TRAIC, #502 Enter Florida street address
	ENIGE, Florida 34285 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

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> Name | **Address** Type of Action 1501 S. Tamiam; TRair, 500 Add KAREN LYONS ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ AHd ☐ Remove

☐ Change

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Filing Fee: \$25.00

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