

L11000080022

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SECRETARY OF STATE
ALLAHABAD, FLORIDA

S Warren

APR 05 2017

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 G. LYONS
Name of Person

LYONS SOLUTIONS, LLC
Firm/Company

1501 S. TAMMAM, TRAIL, # 502
Address

VENICE, FL 34285
City/State and Zip Code

JLYONS@LYONSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN G. LYONS at (941) 497-4700
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**

LYONS SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/12/2011 and assigned
Florida document number L11000080022.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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 ADDRESS)

1501 S. TAMiami TRAIL #502
VENICE, FL 34285

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1501 S. TAMiami TRAIL #502
VENICE, FL 34285

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOHN G. LYONS

New Registered Office Address:

1501 S. TAMiami TRAIL, #502

Enter Florida street address

VENICE

City

, Florida

34285

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KAREN LYONS	1501 S. TAMiami TRAIL, SO Add VENICE, FL 34285	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 JUN 14 2019
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 29, 2017.


Signature of a member or author

Signature of a member or authorized representative of a member

JOHN G. LYONS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA