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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

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:    Name of Person	LMSN, "LI	LC"		
Please return all correspondence concerning this matter to the following:    Nicole Napoli	SUBJECT:	Name of Lim	ited Liability Company	···
Please return all correspondence concerning this matter to the following:    Nicole Napoli				
Name of Person    Firm/Company	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Name of Person	Please return all correspo	ondence concerning this matter	to the following:	
Firm/Company  161 SW Stonegate Terrace #101  Address  Lake City, FL 32055  City/State and Zip Code niknap6020@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Nicole Napoli  Sat (  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  S30.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:		Nicole Napoli		
Address   Lake City, FL 32055   City/State and Zip Code   niknap6020@gmail.com   E-mail address: (to be used for future annual report notification)			Name of Person	
Address    Lake City, FL 32055		-	Firm/Company	
City/State and Zip Code   niknap6020@gmail.com   E-mail address: (to be used for future annual report notification)		161 SW Stonegate Terrace	: #10 <b>1</b>	
City/State and Zip Code  niknap6020@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Nicole Napoli  Same of Person  Name of Person  Same of Person  Area Code  Daytime Telephone Number  Finclosed is a check for the following amount:  Securificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:			Address	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Nicole Napoli  Same of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:		Lake City, FL 32055		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Nicole Napoli  Same of Person  Name of Person  Same of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Same of Person  Same of Person  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:			City/State and Zip Code	
For further information concerning this matter, please call:    Nicole Napoli			to be used for future annual report no	titication)
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	For further information c		·	,
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee  \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	Nicole Napoli			
☐ \$25.00 Filing Fee	Name o	f Person	Area Code Daytii	me Telephone Number
Certificate of Status  (additional copy is enclosed)  Certificate of Status &  (additional copy is enclosed)  Certificate of Status &  Certificate	Enclosed is a check for the	ne following amount:		
	□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Section Registration Section				ection
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	Division of C	Corporations	Division of Co	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION **OF**

	OT	MENDMENT RGANIZATIO	N E.	700 11/2 0 011/2: W2
	OF	•		6. 1.
LMSN, "LLC"				
(Name of the Limited L.) (A F	iability Company lorida Limited Lia	as it now appears on bility Company)	our records.)	<u>`</u> '
The Articles of Organization for this Limited Liability Florida document number L12000050649	ity Company w	ere filed on April 1.	3, 2012	and assigned
This amendment is submitted to amend the followin	ıg:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	) <b>:</b>			
(Principal office address MUST BE A STREET A	DDRESS)			
			<del>_</del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u>V)</u>		<del></del>	
			<del>-</del>	<del></del>
B. If amending the registered agent and/or regist agent and/or the new registered office address he		dress on our recor	ds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida si	reet address	-
_		City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	Cúv		Zip Code
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	gent and agree nd complete pe ed agent as pro stered office a	erformance of my o ovided for in Chap	luties, and Lan ter 605, F.S. O	n familiar with and r, if this document is

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>	Address	Type of Action
MGR	Nicole Marie Napoli	161 SW Stonegate Ter #101	■Add
		Lake City, FL 32024	□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
			□Add
		<u>.</u>	Remove
			□Change
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	block does not meet tl	he applicable st	of filing or more that atutory filing requ	(optional) n 90 days after filing.) irements, this date	Pursuant to 605,020 will not be listed a
cord specifies a delayed effect s filed.	ive date, but not an ef	fective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after the
ed May 21	. 20:	20			
10	200	,			
$OY_{\sim} \cup JJ$	11 1 171 . 1	<i>'</i>			
Note I	Signature of a member	er or authorized r	epresentative of a m	ember	<del></del> -