## L12000109237

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
		£ Chank
Certified Copies	_ Centificates of	Status
Special Instructions to	Filing Officer:	

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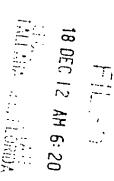


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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LYONS CORNER, LLC	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	✓ Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: BA 12/12/18	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Lyons Comer, LLC		
(Name of the Limited I	iability Company as it now appear lorida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabi Florida document number 1.12000109237	lity Company were filed on	8/24/2012	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the do	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	
-	City	, 1 101104 _	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>	Type of Action
MGR	WDO Development, LLC	2579 SW 87th Drive Gainesville, FL 32608	
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ffective da	ite, if other than the date of filing:	(optional)
Note: If the	date inserted in this block does not meet the application	to date of filing or more than 90 days after filing.) Pursuant to 605.0207 able statutory filing requirements, this date will not be listed as
locument's	effective date on the Department of State's records.	
	specifies a delayed effective date, but no day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier o
	December 10 2018	
Dated		

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Typed or printed name of signee

Filing Fee: \$25.00