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COVER LETTER

TO:

Registration Section Division of Corporations

CHDIROT.

Lyon Carr Harter

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:

Lisa Zimring

Name of Person

LWR

Firm/Company

8268 US 301 North

Addres

Parrish, Florida 34219

City/State and Zip Code

lzimring@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Zimring

a, 941, 932-600

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

Lyon Co	arr Harter, LLC	
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our reco orida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the		13 KI
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company," the desig	nation "LEC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	201 R 201 R
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	ત્ર	orida
	City	orida Zip Code
N. D. Carlotte M. Charles Make a State Day	. Parker and American	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action Devin Zimring** 1150 19th St. No. **MGRM** St. Petersburg, Fl. Remove 33713 Remove Remove Remove Add Remove

· . D. If amending any other information, ent	ter change(s) here: (Attach additional sheets, if ne	ogggani l	
e. It amending any other information, en	cer change(s) here. (Amach adamonal sheets, if he	cessury.j	
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November 11	2013		
Susati	men		
Lisa Zimring, Pres.	f a member or authorized representative of a member		
	Typed or printed name of signee		
	Page 3 of 3		
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