

L130000094348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

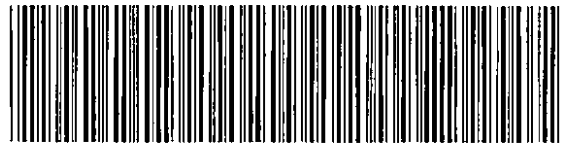
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100412251931

07/17/23--01010--007 **30.00

FILED
2023 JUL 17 PM 9:38
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

RECEIVED

R. HUNT

07/17/23

TO: Registration Section
Division of Corporations

SUBJECT: LRS ENTERPRISES 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:

SAMANTHA LE RUE

Name of Person

LRS ENTERPRISES LLC

Firm/Company

305 BRIARBROOK LANE

Address

HAINES CITY, FLORIDA 33844

City/State and Zip Code

LRSVACATIONHOMES@GMAIL.COM

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

RECEIVED
TALLAHASSEE, FL
JUN 17 PM 9:38

For further information concerning this matter, please call:

SAMANTHA LE RUE

Name of Person

at (863) 3999436

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

10

ARTICLES OF ORGANIZATION OF

LRS ENTERPRISES 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 07/02/2013 and assigned
Florida document number L13000094348.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

REC'D STATE
REC'D HASSELE, FL
JUN 17 PM 9:39

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WE ARE WANTING TO CHANGING THE MEMBERSHIP PERCENTAGE OF THE COMPANY FROM 50/50

90/10. THE ORIGINAL MEMBERSHIP WAS OWNED :

50% SAMANTHA LE RUE/50% MICHAEL SHELLEY

WE WANT THIS CHANGING TO:

10% SAMANTHA LE RUE/90%MICHAEL SHELLEY

THANK YOU

WE ARE WANTING TO CHANGE THE MEMBERSHIP PERCENTAGE OF
US ENTERPRISES LLC TO 90/10.

MICHAEL SHELLEY 90%

SAMANTHA LE RUE 10%

WITH IMMEDIATE EFFECT, THANK YOU

* WE WOULD LIKE A CERTIFICATE OF STATUS PLEASE

RECEIVED
JAN 17 9:38 PM
STATE OF MISSISSIPPI

E. Effective date, if other than the date of filing: JANUARY 1ST 2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/05/2023



Signature of a member or authorized representative of a member

SAMANTHA LE RUE

Typed or printed name of signer