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D. SCOTT JAN 2 6 2017

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Chloe_C	Name of Person	
	<u>Ag Ameri</u>	Ca Lending, LL	<u></u>
	<u>4030 s.</u>	Pypkin 2.1. Address	- 19 - <u>- 10 - 1</u>
		City/State and Zip Code	
	E-mail address; (to be used for future annual report notif	ication)
	concerning this matter, please c		
Chloc (a Name	in Peron	at (SU3) (10)7 - C Area Code Daytime	7500 Felephone Number 75 7 7
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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Ман	INC ADDRESS.	etdeet/coudi	CD ADDDESS.

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

LSNY, LLC.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12.16.70125 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab A C 1 - A 1 L C The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4030 S. Pipk-in Rd
(Principal office address MUST BE A STREET ADDRESS)	Ste 100
	Laxitond, FC 33811
Enter new mailing address, if applicable:	4030 S. Pipk-in P-d
(Mailing address MAY BE A POST OFFICE BOX)	Ste 100
	Laxuand FL 33811
registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	25 / 17
	Enter Florida street address Florida
	City Zip Code
Nam Desistand Amentle Cinnetine of the mains Desistand Ament	

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of	(optional)	3 5
ote: If the date inserted in this block does not meet the applicable statutory fi	iling requirements, this date will i	not be listed
ocument's effective date on the Department of State's records.	- ب ن نيا	ب التار
		当に
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m. on t	ne earlie
ated January 17 1, 2017		
	•	
Signature of a member or authorized representa	tive of a member	

Page 3 of 3

Filing Fee: \$25.00