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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

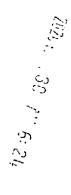
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	LYRIGH HOLDIN	65 44 C lited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fce(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MicHAEL	M. JADE Name of Person	
		Name of Person	
	JENTAGH	HODINGS LLC Firm/Company	
	265 5. 65	NGAL HUY SUITE	£ 495
	DERFIED B	RACH FL 33444 (City/State and Zip Code	<u>′</u>
	MicHAEL CA E-mail address: (City/State and Zip Code City/State and Zip Code COAPE COMAIL COM to be used for future annual report notifical	tion)
For further information co	oncerning this matter, please ca	all:	
MICHALL MC)	AVE Person	at (<u>978)</u> <u>289-</u> Area Code Daytime Te	7917
. Marie (7)	COM	Aca Code Daytine re	repriore Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Section Division of Corpor	
P.O. Box 632	•	The Centre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 11 30 14 6: 24

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 ______ and assigned Florida document number 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:

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

Enter Florida street address

_____. Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EVELYN MODE	3000 5 CEAN BLID AFF40	<u>⊬</u> □Add
		300 5 & AN BLID APT40. BOXA RATON, FL 33442	ERemove
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record is file	I 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 ed.
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ated _	Mather Mills of
Dated ₋	Signature of a member or authorized representative of a member MTCHAEL MCADE Typed or printed name of signee