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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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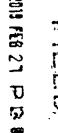
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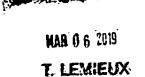


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SECRETARY OF STATE TALLAHASSEE, FLORIDA





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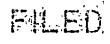
TO: Registration Section Division of Corporations
SUBJECT: Lincoln and Eisen LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JON PROECHEL Name of Person
Lincoln and Eisen LLC Firm/Company
Firm/Company
6400 Time Square Ave. Suite A
OFlando, FL 32835 City/State and Zip Code Jon Proechel Ognail - Com E-mail address: (to be used by future annual report notification)
Jon proeche (@ gmail · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Son Proechel at (407) 496-7968 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee

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



2019 PER 27 P 13 82 Lincoln and Landon LLC

(Name of the Limited Liability Company as it now appears on our records SECRE
(A Florida Limited Liability Company) Florida document number <u>L 2400004/833</u> 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 "LLC." 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 _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

	
(If an e	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Februry 25th 2019
Date	
Date	
Date	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00