## 1150000 2547

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JUN 0 8 2019

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Lancer	LLC ted Liability Company	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lina	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Bre	Name of Person	
		Name of Person	
		Firm/Company	
	2151	university Blue	d5
	Jack	City/State and Zip Code	<u>Y</u>
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Rafie Name of	Mukhtar Person	at ( <u>904</u> ) <u>730 - 0</u> Area Code Daytim	7 2 6 Y e Telephone Number
Enclosed is a check for th	e 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

	er LLC	
( <u>Name of the Limited Lial</u> (A Flor	ility Company as it now appears on our re ida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		· 13 / 15 / 15 / 15 / 15 / 15 / 15 / 15 /
A. If amending name, enter the new name of the li	mited liability company here:	HAY 2
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	~ 3
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	E O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
[Mating Bauress MAT DE ATOST OFFICE BOX]		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		. 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Raad Mokhtar	5609 Buxter Lake Dr.	ID Add
		5609 Buxter Lake Dr. Jacksonville, FL 32258	□ Remove
			□ Change
		;	□ Add
			Remove
			Change
		ייני מל	Add  Remove
			☐ Change
			🗆 Add
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		<u> </u>	Add
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			Change

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	MAY 22
	2
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	57
fective date, if other than the date of filing:	(optional) 90 days after filing.) Pursuant to 605.0207 ( ements, this date will not be listed as t
record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	
signature of a member or authorized representative of a mem	
Signature of a member or authorized representative of a member of a member of authorized representative of a member of authorized representative of a member of a memb	

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Filing Fee: \$25.00