

45000096788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MICHIGAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

EDUARDO VILCHEZ
2516 GEORGETOWN LN
FT WALTON BCH, FL 32547

SUBJECT: LYNMAE LLC
Ref. Number: L15000096788

We have received your document for LYNMAE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 717A00020085

2017 NOV 13 AM 8:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2017

EDUARDO VILCHEZ
2516 GEORGETOWN LN
FT WALTON BCH, FL 32547

SUBJECT: LYNMAE LLC
Ref. Number: L15000096788

RECEIVED
2017 OCT -4 AM 10:59
TALLAHASSEE, FLORIDA

We have received your document for LYNMAE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY CO. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 817A00018353

Returned as per instructions

Thank You !

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lynmae 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:

Eduardo Vilechez

Name of Person

Lynmae LLC

Firm/Company

2516 Georgetown Ln

Address

Ft Walton Bch, FL 32547

City/State and Zip Code

russbyers@gmail.com

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

For further information concerning this matter, please call:

Russel Byers

Name of Person

850 682-6712
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 32311

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**

Lynmae 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 6-3-2015 and assigned
Florida document number L15000096788.

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:

Russel Byers

New Registered Office Address:

300 Walden St

Enter Florida street address

Crestview

City

Florida 32539

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>	<u>Type of Action</u>
MGR	Michael Hicks	1909 Benton Ave, Niceville, FL 32	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Henry Sherman	1757 Old Ranch Rd, 32547	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

7 10/11/14 PM 12:22
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17 NOV 14 PM 12:25
2015/11/14

41 ED
JAN 14 PM 12:28

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.

Dated Oct 4, 2017

2017
Edmund Vlcek

Signature of a member or authorized representative of a member

Eduardo Villchez

Typed or printed name of signee