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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	ning this matter to the following: Ardo Vildez Name of Person Name of Person Firm/Company Welly rd unit 302 Address E-mail address: (to be used for future annual report notification) matter, please call:	
SUBJECT: LVA	mae 11 C		
30B3ECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Eduardo V.	Name of Person	
	City/State and Zip Code Vn mae		
	200 helly rd	onit 302 Address	
	Niceville, FL	City/State and Zip Code	
	lynmaelle @ 9 m E-mail address: (1	a ./. Com o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	dl:	
Edvardo Name o	ride Z	at (<u>850</u>) <u>974 -</u> Area Code Daytime	2778 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registr Divisio	ation Section n of Corporations	Registration Section Division of Corpora	n
P.O. Bo	ox 6327	Clifton Building	

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lyanso 110	FILED
(Name of the Limited Liabi	da Limited Liability Company) 22 P 5: 36
The Articles of Organization for this Limited Liability Florida document number <u>L 1500 00 96 7 88</u>	Company were filed on 6/1/29ECHE LAKE ME assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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>	Address	Type of Action
MCR	Honry Sherman	1757 Old Ranch R Fort Walton Beach, Fl 325	Add
		Fort Walton Beach, Fl 325	47 A Remove
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ective date, if other than the date of fi effective date is listed, the date must be specific te: If the date inserted in this block does n nument's effective date on the Department	ot meet the applical	o date of filing or more that the statutory filing requ	(optional) n 90 days after filing.) Pursu irements, this date will no	ant to 605,020 of be listed as
record specifies a delayed effectiv he 90th day after the record is file	ed.			e earlier o
ed Joly 18 Fiduardo Wille Signature	2019	_·		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00