

**L15000181733**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

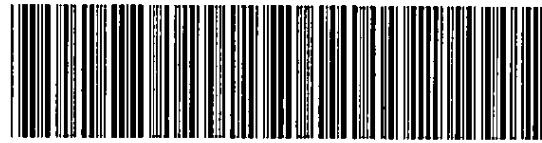
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**200328413462**

US/05/19--01022--004 \*\*25.00

2019 MAY -0  
FBI/DOJ  
FBI/DOJ  
FBI/DOJ

MAY 16 2019  
C. M. M. M. M.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lagniappe Realty, 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:

Joseph B. Nichols

\_\_\_\_\_  
Name of Person

Lagniappe Realty, LLC

\_\_\_\_\_  
Firm/Company

6604 Sugarbush Dr.

\_\_\_\_\_  
Address

Orlando, FL 32819

\_\_\_\_\_  
City/State and Zip Code

jnichols.hrf@gmail.com

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

For further information concerning this matter, please call:

Joseph B. Nichols

407 919-9902

\_\_\_\_\_  
Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building

100-441101-100

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "limited liability company," the designation "LLC" or the abbreviation "L.L.C."

***(Principal office address MUST BE A STREET ADDRESS)***

***(Mailing address MAY BE A POST OFFICE BOX)***

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

Page 1 of 3

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>                      |
|--------------|-------------------|---|--|
| Mmbr         | Dull, Elizabeth L | 6604 Sugarbush Dr.<br>Orlando, FL 32819 | <input type="checkbox"/> Add               |
|              |                   |   | <input checked="" type="checkbox"/> Remove |
|              |                   |   | <input type="checkbox"/> Change            |
|              |                   |   | <input 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               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Change            |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Change            |
|              |                   |   | <input type="checkbox"/> Add               |
|              |                   |   | <input type="checkbox"/> Remove            |
|              |                   |   | <input type="checkbox"/> Change            |

- D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated 5/3 2019

Signature of a member or authorized representative of a member

Joseph B. Nichols

Typed or printed name of signee