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## COVER LETTER

TO: Registratio Division of	n Section Corporations			
LIAR'S SUBJECT:	PANTS, LLC			
SUBJECT:	Name of Lim	ited Liability Company	_	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	PAULA A TURN	1		
		Name of Person		•
	LIAR'S PANTS, LLC			
		Firm/Company	<u>-</u>	
	1080 BICHARA BLVD #1	248		
		Address	·	<del></del>
	LADY LAKE, FL 32159			
		City/State and Zip Go	ode	<del></del>
	paula@liarspants.com		<del></del>	
		to be used for future and	mal report notificati	on)
For further information	on concerning this matter, please co	all:		
PAULA A TURN		352 at (	250-2151	
Na	ne of Person	Area Code	Daytime Tel	ephone Number
Enclosed is a check t	or the following amount:			
■ \$25.00 Filing Fed	S30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy)	<i>t</i>	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Rej Div P.C	AHLING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314	Regis Divis Clific 2661	EET/COURIER Astration Section ion of Corporation Building Executive Center hassee, FL 32301	ns

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIAR'S PANTS, LLC

(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as itinow appears on o ability Company)	ur records.)
The Articles of Organization for this Limited L Florida document number L15000199940	Liability Company v	vere filed on <u>01/01/20</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	ity company here:	
N/A		' 	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		1080 BICHARA BLV	
(Mailing address MAY BE A POST OFFICE BOX)		LADY LAKE FL 32	59
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address here		SEE. FLORIL
New Registered Office Address:	1080 BICHARA		<u> </u>
	LADY LAKE	<sup>1</sup> Enter Florida str )	, Florida <sup>32159</sup>
		City 	Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as registery provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agre- per and complete p istered agent as pr registered office of s change.	performance of my d covided for in Chapt address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is
	ii Çadilî		Emiliary of the state of the st
	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 Type of Action <u>Title</u> <u>Address</u> <u>Name</u> PATRICIA G SHELTON 1706 ROSEBÜRY LP MGR ■ Add THE VILLAGES FL 32162-1649 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

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Effective date, if other than the date of filing: $\frac{07/15}{}$	2017		$\sum_{i=1}^{\infty}$ (optional). $\square_{i=1}^{\infty}$	8
(If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's rec	ipplicable statut	ling or more than 90 o ory filing requireme	lays after filing. Purs	no the listed as
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the record specifies a delayed effective date, bu ) The 90th day after the record is filed.	t not an eff€	ctive time, at 1	2:01 a.m. on t	he earlier of
Dated JULY 19 . 2017				
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	printed name of	signee		<del></del>
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Filing Fee: \$25.00