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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: LISA'S Consumer Services Support 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:
Lisa Nellicliff
Name of Person
Lisa's Consumer Services Suppost LLC Firm/Company
15835 NW 159-11 Sirret Road
Address
MIGMI Gardens, FL 33054 City/State and Zip Code
City/State and Zip Code
Liscinclicliff Egmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LISANTIICITTIE gmail.com at (786) 458-5191 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \text{(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

Lisa's Consumer Services Support LLC

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

(A Florida Limited Liability Company)

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Cability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11000038722.	were filed on $02 \cdot 24 \cdot 20_1 \psi$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	MIGMI Gardens, FL 33054
	Miami Gardens, FL 33054
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	ffice address on our records, <u>enter the name of the new</u> e:
New Registered Office Address: 15835	NW 159 ⁻¹ Street Road Enter Florida street address
Miami E	naraens , Florida 33054
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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 = MGR	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
(coeps	mose device		Add
			Remove
			☐ Change
MGR	Curtis Shepard Jr.	3915 NW 195th Street	B Add
		Miami Gardens, FL 33055	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
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			Remove
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		225 25	_□ Remove
		P 2: 3 F STATE FLORIUS	☐ Change

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