6/9/23, 4:07 PM

Division of Corporations

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(((H230002094143)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Fax Number

: (323)962-8600 : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LORSAM SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55,00

S ROBERTS

JUN 1 3 2023

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor			•
LORSAM SUBJECT:	SERVICES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
•		City/State and Zip Code	
	jeterxoxox@aol.com		
	E-mail address: (t	o be used for future annual report no	otification)
For further information co	oncerning this matter, please ca	II:	
Cheyenne Moseley	··· ,	800 773-0888	
Name of	Person		me Telephone Number
Enclosed is a check for th	c 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)
	ING ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORSAM SERVICES, LLC		<u>`</u> .
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our record ted Liability Company)	ds.)
he Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
lorida document number L16000175036		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
		20.
ne new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC	C" or the abbreviation "LiL.C."
nter new principal offices address, if applicable:		<u>:</u>
• • • • • • • • • • • • • • • • • • • •		
Principal office address MUST BE A STREET ADDRESS	2	
		5; 5; • 3
		٠.٠
nter new mailing address, if applicable:		_ د
Mailing address MAY BE A POST OFFICE BOX		
. If amending the registered agent and/or registered	d office address on our record	s, enter the name of the
egistered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5,6
	Fi	orida
	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

From: Michael Porzel

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2023-06-09 14:12:04 PDT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Michael F. Wright	3511 Romea Circle, New Smyrna Heach, Fl. 32168	= Add
			Remove
			Change
			Remove
			Change
			Add
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-	er than the date of fi	er than the date of filing:	er than the date of filing:	er than the date of filing:(optional) I, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed.

To:

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00