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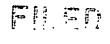
	egistration Se vision of Cor					
eup iecer	Generation	s Wealth Planning, LLC				
SUBJECT	:	Name of Lim	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	bmitted for filing.			
Please retur	m all correspo	endence concerning this matter	to the following:			
		Andrew Gaunce				
		<del></del>	Name of Person			
		Gaunce Law, PLLC				
			Firm/Company			
		2525 1st Ave S				
			Address			
		St Petersburg, FL 33712				
			City/State and Zip Code			
		andy@gauncelaw.com				
For further	information c	oncerning this matter, please c	(to be used for future annual report notification)			
Andy Gau	nce		727 614-0550 at ( )			
	Name o	f Person	Area Code Daytime Telephone Number			
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (	e of Status &		
	ailing Addres		Street Address: Registration Section			
D	ivision of C	orporations	Division of Corporations			
	O. Box 632 allahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	0		

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 DEC -7 AM 8: 01

Generations Wealth Planing, LLC		93	בדגדה את נדפהם
(Name of the Limited Liability Comp. (A Florida Limited	any as it now apr Liability Compan	ears on our records. y)	Not Contact to the first
The Articles of Organization for this Limited Liability Company Florida document number L16000178508	were filed on	09/23/2016	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:	
Lyons Legacy Limited LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," th	ne designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on ou	r records, <u>enter t</u>	he name of the new register
New Registered Office Address:			
	Enter 1	Florida street address	
<u></u>	City	, Flor	rida
New Registered Agent's Signature, if changing Registered Agent.			гір Соше
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in th e performance provided for i	of my duties, and n Chapter 605, F	d I am familiar with and .S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 8DEC503C-CF79-49DF-A32E-AE35178D47B2 in amenuing Authorized rerson(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
<del></del>			□ Add
			□ Remove
			□Change
			□ Add
			□ Remove
		- <del></del>	
			□Add
		<u> </u>	□ Remove
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If amend	ling any other informatio	n, enter change(s) here	: (Attach additional sheets,	if necessary.)
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(If an effect Note: If	e date, if other than the di ive date is listed, the date must be the date inserted in this block t's effective date on the Dep.	e specific and cannot be prior to k does not meet the applica	o date of filing or more than 90 da ble statutory filing requirement	(optional) ys after filing.) Pursuant to 605.0207 (3 nts, this date will not be listed as th
he record s ord is filed		late, but not an effective tir	ne, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
Dated	ecember 3	<u>2021</u>		
	brom. Lypus			
	Si	gnature of a member or autho	rized representative of a member	
	Kevin Lyons			
		Typed or printe	d name of signee	<del></del>

Filing Fee: \$25.00