## L16000018667

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## **COVER LETTER**

TO: Registration,S Division of Co			•
0110 IE 0 T	LETT, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elizabeth Lett		
		Name of Person	
		Firm/Company	<del></del>
	30740 Tremont Drive		
		Address	
	Wesley Chapel, FL 33543		
		City/State and Zip Code	
	lularoelisalett@gmail.com	to be used for future annual report notifi	ootion)
For further information of	concerning this matter, please ca	·	cation
Elizabeth Lett		312 502-5024	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 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

## LLR LISA LETT, LLC

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

The Articles of Organization for this Limited Liability Compa	any were filed on Dec	ember 2, 2016 an	d assigned
Florida document number L16000218667			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>'e</u> :	
LISA LETT, LLC			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the de	signation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS,	2		
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		out records, enter the ha	ine of the new
New Registered Office Address:			
		da street address	
	City	, Florida Zip 0	ode.
New Registered Agent's Signature, if changing Registered Age	•	Σην υ	,0 <b>00</b>
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	agree to act in this ca ete performance of n as provided for in Ca ice address, I hereby	ny duties, and I am familia hapter 605, F.S. Or≥t∡his	r with and epcument is: ability
		ORIA C	<i>ਕ</i>

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 Title <u>Name</u> <u>Address</u> Type of Action \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add emove

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Remove

☐ Change

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nte: If the date inserted in this blocument's effective date on the Director record specifies a delayer	d effective date, but not an effective tim	equirements, this date will not be listed as t
The 90th day after the rec	ord is filed.	
ted	, 2017	
quirabeth?	Signature of a member or authorized representative of	TAECC Amember
. Elizabeth E. Lett	<u> </u>	RETARS
	Typed or printed name of signee	
		F STATE

Filing Fee: \$25.00