L17-000166335

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

		COVER LETTER,	
SUBJECT:	 -	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JON-PAUL PERTIERRA		
	Name of Limited Liability Company neclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: JON-PAUL PERTIERRA Name of Person LYD LLC Firm/Company 15920 SW 83 AVE Address MIAMI, FL 33157 City/State and Zip Code JPPERTIERRASN@GMAIL.COM E-mail address: (to be used for future annual report notification) rither information concerning this matter, please call: PAUL PERTIERRA at () Name of Person Name of Person Name of Person Daytime Telephone Number seed is a check for the following amount:		
	LYD LLC		
		Firm/Company	
	15920 SW 83 AVE		time Telephone Number
	- · · · · · · · · · · · · · · · · · · ·	Address	
	MIAMI, FL 33157		
		City/State and Zip Code	
Division of Corporations LYD LLC Name of I The enclosed Articles of Amendment and fee(s) are selected articles		 _	
			fication)
For further information of	concerning this matter, please co	all:	
JON-PAUL PERTIERR	A		
Name o	of Person	Area Code Daytime	r Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee			

;-

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

illity Company as it now appears on our records.) ida Limited Liability Company)	
Company were filed on 08/04/2017	and assigned
	_
mited liability company here:	
imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
ORESS)	
gistered office address on our records, <u>er</u> <u>ldress here</u> :	nter the name of the n
	39 3 17
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, Florid	a Zip Code
	Company were filed on 08/04/2017 mited liability company here: imited Liability Company," the designation "LLC" or DRESS) cistered office address on our records, enderess here: Enter Florida street address Florid

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JON-PAUL PERTIERRA	15920 SW 83 AVE MIAMI, FL 33 15 7	■ Add
			Remove
			Change
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ffective date, if other the an effective date is listed, the determinant ocument's effective date or	this block does not	t meet the applic	able statutory fili	(op more than 90 days at ng requirements, t	otional) Pursuant this date will not \$	605.0207 listed as
	elayed effective		t an effective	time, at 12:0:	1 a.m. on the e	arlier o
		J.				
The 90th day after th		2017	_·			
The 90th day after th	ne record is filed	2017				
e record specifies a de The 90th day after th Dated AUGUST 11	ne record is filed	2017	orized representativ	ce of a member		_

Page 3 of 3

Filing Fee: \$25.00