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COVER LETTER

	distration Section of Corp			
SUBJECT:	LCES,LLC			
		Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Carin Sanderson		
			Name of Person	<u> </u>
			Firm/Company	<u> </u>
		12465 Groveland Street		
		Spring Hill, FL 34609	Address	
		woodshedfl@gmail.com	City/State and Zip Code	
For further i	nformation co	E-mail address: (o	to be used for future annual report notifi all:	cation)
Edward Sar	iderson		352 232-7430 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 E	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

LCES, LLC		
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our record rida Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 11/30/2017	and assigned
Florida document number L17000246048	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	ंड
		97
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC	or the abbreviation J.J. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	-1
		O
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re		s, enter the name of the ne
registered agent and/or the new registered office a	ddress nere:	
No. of New Designand Agents		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street addres	F0
	ızmer r tortua street aaares	33
	, FI	orida
	Cny	zap Couc

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
MGR	Steven Guckian	21457 Lake Lindsey Road	Add
		Brooksville, FL 34601	■ Remove
			□ Change
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			© Remove
			Change 22 D Add D
			——————————————————————————————————————
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te: If the date inserted in this	ust be specific and cannot be prior to date of block does not meet the applicable state. Department of State's records.	(optional filling or more than 90 days after filling to the utory filling requirements, this days	ng.) Pursuant to 605.020
record specifies a delay The 90th day after the re	ed effective date, but not an electord is filed.	fective time, at 12:01 a.m	i, on the earlier o
10/19 (aux	2018.		
	Signature of a member or authorized re	presentative of a member	

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Filing Fee: \$25.00