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COVER LETTER

Division of Corporations L & L LAND DEVELOPMENT SERVICES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JIM O'BRIEN Name of Person L & L LAND DEVELOPMENT SERVICES LLC Firm/Company 3311 MARBLE CREST DR Address LAND O LAKES, FL 34638 City/State and Zip Code JWOBRIENJR@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JIM OBRIEN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

2019 CT 20 P1112: 08

L & L LAND DEVELOPMENT SERVICES 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 Liab Florida document number L18000042764	bility Company	were filed on <u>2/16/20</u>	and assigned	
This amendment is submitted to amend the follow				
	•			
A. If amending name, enter the new name of t	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company." the designa	tion "LLC" or the abbreviation "L.L.C."	
•		2019 OSPREY LANE STE C		
Enter new principal offices address, if applicate (Principal office address MUST BE A STREET		LUTZ, FL 33549		
Trincipal office address most be A STREET	ADDRESS			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 OSPREY LANE STE C		
		LUTZ, FL 33549		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			records, enter the name of the new	
New Registered Office Address:	2019 OSPREY	LANE STE C		
		Enter Florida sp	cet address	
	LUTZ		, Florida 33549	
N. D. J. J. S. J. Jan. J. D.		Cay	Zip Code	
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registrating filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete ered agent as p gistered office	performance of my a provided for in Chapt	luties, and I am familiar with and ver 605, F.S. Or, if this document is	
	If Char	nging Registered Agent, S	iignature 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>	<u>Address</u>	Type of Action
AMBR	CHRISTINE SCHNEIDER	2019 OSPREY LANE STE C LUTZ, FL 33549	
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record specifies a delayed ef The 90th day after the record	fective dat is filed.	e, but not a	an effectiv	re time, at	12:01 a.m	. on the ear	rlier of
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JIM O'BRIEN		WMXII	a representa				