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COYER LETTER

ro:	Registration Se Division of Cor			
		Dale Lane, LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Jonathan Lane		
		Jonathan Dale Lane, LLC	Name of Person	
			Firm/Company	
		15291 Phillips Road		
		Odessa, Fl 33556	Address	
		laneautomotive69@gmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fun	ther information c	oncerning this matter, please ca	all;	
Jonath	nan Lane		813 446-3338	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$ 25	5.00 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:

TO:

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

Jonathan Dale Lane, LLC		
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
he Articles of Organization for this Limited I forida document number L18000135960		May 31, 2018 and assigned
his amendment is submitted to amend the fol		
. If amending name, enter the new name of	of the limited liability company	y here:
ne new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<u></u>
		
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nter new mailing address, if applicable:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- TO 12
<u> Iailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	S. S.
		<u> </u>
. If amending the registered agent and gistered agent and/or the new registered of New Registered Agent:		on our records, enter the name of the
	15291 Phillips Road	
New Registered Office Address:		Florida street address
	Odessa	, Florida 33556
	City	Zip Code

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 Agen

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jonathan Lane	19104 Iverson Road Lutz, FL 33559	
			
			Remove
			Change
MGR Linda Hales	Linda Hales	15291 Phillips Road Odessa, FL 33556	6 1 A 11
			☐ Remove
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, II ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of see 90th day after the record is filed.
Date	d 1-9-2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00