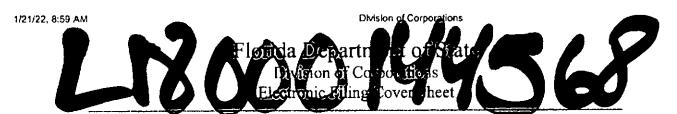
To: -18506176383 .



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000027576 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AUGUST LILLY LLC**

Certificate of Status Certified Copy Page Count 06 \$55.00 Estimated Charge

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Help

T. LEMIEUX

JAN 24 2022

Division o	ion Section of Comporations	ş
4 AUG	UST LILLY LLC	. *
ивјест:	Nan	e of Limited Liability Company
he enclosed Artic	les of Amendment and fee(s)	are submitted for filing
lease return all co	rrespondence concerning this	matter to the following:
	Cheyenne Moseley	
		Name of Person
	Legalzoom com, Ir	ic.
		Firm'Company
	101 N Brand Blvd	
		Address
	Glendale, CA 9120	93
		City/State and Zip Code
	david gershaw@aug	
	E-mail a	ddress. (to be used for future annual report notification)
For further informa	ation concerning this matter, p	ilease call:
Cheyenne Moseley	y.	800 773-0888 at ()
Name of Person		at ()

MAILING ADDRESS:

□ \$30 60 Filing Fee &

Certificate of Status

□ \$25,00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

■ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUGUST LILLY LLC		
(Name of the Limited 1 (A)	Liability Company as it now appears on our records.) Florida Linuted Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1,18000144568	ility Company were filed on 06/12/2018	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or t	the abbreviation *L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET)	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er</u> e address here:	nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		2-
NEW TREBUSER CATTLES THAT SEE	Ester Florida street oddress	골 ;;
	, Florid	
	City	Zip Cock

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:

2022-01-21 07:03:57 PST

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name GERSHAW, LIDA	Address	Type of Action
AMBR			Add
		189 Stonegate Dr Santa Rosa Beach, Fl. 32459	■ Remove
			Add
			□ Remove
			☐ Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
<u></u>	- Marian		□ Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change

D. If amendi	ng any other information	, enter change(s) here: (Attach addi	itional sheets, if necessary.)	
				
			· · · · · · · · · · · · · · · · · · ·	
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j —				
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±-22++-				
				
Note: If t	date, if other than the dat we date is listed, the date must be the date inserted in this block is effective date on the Depar	specific and cannot be prior to date of filing of does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant ling requirements, this date will not	to 605.0207 (3)(b) be listed as the
If the recor		fective date, but not an effectiv	e time, at 12:01 a.m. on the	earlier of:
	11/15/21			

Page 3 of 3

Typed or printed name of signee

David Gershaw

Filing Fee: \$25.00