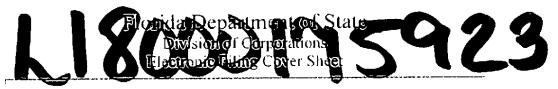
Division of Corporations



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.

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	Division of Corporations	-
	Fax Number : (850)617-6383	٠
Fro		, •
110	Account Name : LEGALZOOM.COM INC	
	Account Number : 120010000062	·
	Phone : (323) 962-8600	•
•	Fax Number : (323)962-3889	
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**Enter the ema	ail address for this business entity to	be used for fu
	eport mailings. Enter only one email add	ress please.**
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Electronic Filing Menu

Corporate Filing Menu

Help

3

COVER LETTER

TO:		tration Sec on of Corp		•		•		
		IZARD LA	AVENDER LLC					
SUBJEC	CT: _		Name of Limi	ted Liability Company				
The encl	losed A	Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Please re	eturn a	ll correspo	ndence concerning this matter	to the following:				
			Cheyenne Moseley					
				Name of Person				
			Legalzoon.com, Inc.					
				Fini/Company				
			101 N Brand Blvd 11th Fl		-			
				Address				
			Glendale, CA 91203			<u>.</u>	2019.	
				City/State and Zip Code		٠	AUG	
			sea9lass@icloud.com	to be used for future annual report no	alifornia di	-	9	
For furi	her inf	ormation c	e-mail address: (oncerning this matter, please o		anneanos, y		P 13.	
Cheyer	nne Mo	soley		800 773-0888 at ()			£-	
		Name o	f Person	Area Code Dayti	ime Telephone Number		6	
Enclose	ed is a r	theck for th	ne following amount:			•		
□ 52 5	5.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Statu		
		Registi Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assee, F1, 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	norations , Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Linbility Compa	ny as it now nonears on our	records.)		
	(A Florida Limited I	Ciability Company)			
The Articles of Organization for this Limited L Florida document number L18000175923	iability Company	were filed on <u>07/23/2018</u>		_ and assig	jn e d
Florida document number					
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation	"I.I.C" or the abbre	vistion "L.L.	.C."
		57 S Boulevard of the Pi	residents		
Enter new principal offices address, if applicable:		Sarasota, FL 34236		2(
(Principal office address MUST BE A STREE	ET ADDRESS)		-	. 5	
			·.·	<u> </u>	
		905 N. Boundary Rd.	. •	. 1	
Enter new mailing address, if applicable:		Englewood, FL 34223			
(Mailing address MAY BE A POST OFFICE	(BOX)	Lington ood, 1 2 5 1225			_ <u></u>
			<u> </u>	· ·	_ '
				·	f the mo
B. If amending the registered agent and registered agent and/or the new registered of	/or registered o ffice address her	itice address on our r	ecorus, <u>enter un</u>	e lialite o	<u>i the nev</u>
Name of New Registered Agent:	United States (Corporation Agent, Inc.			
Non-Benjament O.C., Address	5575 S Semora	an Blvd., Suite 36			
New Registered Office Address:		Enter Florida strea	oddress		
	Orlando	do, Florida 32		2	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	<u>:</u>			
I hereby accept the appointment as register			u I forther cores	ia camal	v with the
provisions of all statutes relative to the pro-	per and complete	e performance of my dui	ies, and I am fan	iiliar with	and
accept the obligations of my position as reg	istered agent as	provided for in Chapter	605, F.S. Or, if	this docur	nent is

If Changing Registered Agent, Signature of New Registered Agent

Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agent, Inc.

company has been notified in writing of this change.

_□ Change

MGR = Manager

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

Title	Name	Address	Type of Action
AMBR	CORTEZ, ALYSON	905 N Boundary Rd	
		Englewood, FL 34223	■ Remove
			□ Change
			☐ Remove
			Change
			□Ād
			Remove
			Change
			☐ Remove
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			☐ Change
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lective date, if other than the din effective date is listed, the date must be tel. If the date inserted in this block cument's effective date on the Dep	ne specific and cannot be prior to date o ik does not meet the applicable sta	of filing or more than 90 days after	t ional) er filing.) Punis date will	rsuant to 605.02 not be listed :
record specifies a delayed of the 90th day after the recor	effective date, but not an e -d is filed.	ffective time, at 12:01	a.m. on	the earlier
08/06/2019	,			

Page 3 of 3

Filing Fee: \$25.00