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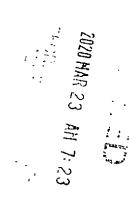
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2020

RENAE COLLINS 216 SW MAIN BLVD LAKE CITY, FL 32025

SUBJECT: LILY GLENN LLC Ref. Number: L18000177896

We have received your document for LILY GLENN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

There can only be one (1) name for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00005430

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

sion of Cor	porations					
LILY GLE	NN, LLC					
<del></del> -	Name of Limi					
Articles of	Amendment and fee(s) are sub-	nitted for filing.				
all correspo	ndence concerning this matter	o the following:				
	RENAE COLLINS					
	4100	Name of Person				
	e/o LAKE CITY FLORIST	& DESIGN				
		Firm/Company				
	216 SW Main Blvd.					
		Address				
	Lake City, FL 32025					
		City/State and Zip Code				
	E-mail address: (	o be used for future annual report not	ification)			
iformation c	oncerning this matter, please ca	all:				
LLINS		386 365-4645				
Name o	f Person	Area Code Daytir	ne Telephone Number			
i check for t	he following amount:					
Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		<u>Street Address:</u> Registration Se				
	-	Division of Co The Centre of				
	Articles of all corresponding Fee siling Fee	Articles of Amendment and fee(s) are subtrall correspondence concerning this matter to RENAE COLLINS  e/o LAKE CITY FLORIST  216 SW Main Blvd.  Lake City, FL 32025  E-mail address: (to afformation concerning this matter, please each of the property of the following amount:  a check for the following amount:	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  RENAE COLLINS  Name of Person  c/o LAKE CITY FLORIST & DESIGN  Firm/Company  216 SW Main Blvd.  Address  Lake City, FL 32025  City/State and Zip Code  E-mail address: (to be used for future annual report not afformation concerning this matter, please call:  LLINS  Name of Person  at (  Area Code Dayting)  check for the following amount:  Filing Fee Search Certificate of Status  Certified Copy tadditional copy is enclosed)  Street Address:  gistration Section  rision of Corporations  Division of Corporations			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LILY GLENN LLC						
(Name of the Limi	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)		•			
The Articles of Organization for this Limited L Florida document number L18000177896	918	and assigned					
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	of the limited liability company here:						
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abb	reviation	"L.L.C."	<del></del>		
Enter new principal offices address, if applie	cable:		<u></u>	<del></del>			
(Principal office address MUST BE A STREE	ET ADDRESS)		- 14 - 14 <del>- 14 -</del>	020 HAR	<del></del> •		
				23			
Enter new mailing address, if applicable:				<u></u>	<u> </u>		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			7:23	ļ		
B. If amending the registered agent and/or agent and/or the new registered office addresses		rds, <u>enter the name</u>	of the 1	new res	<u>zisterec</u>		
Name of New Registered Agent:	RENAE COLLINS						
New Registered Office Address:	(Same)						
	Enter Florida street address						
		, Florida			<del></del>		
	City		Zip Co	de			

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.

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

Title	Name	Address	Type of Action
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Filing Fee: \$25.00

Typed or printed name of signee