118000182164

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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OIVISION OF CURPURATIONS

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Lane Enter	TOTISES L ited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Con	y Lane Liv Name of Person	ingston
	_ C Lan	Firm/Company	ses LLC
	9036	Larkerwoods Address	3_13-1
		City/State and Zip Code 2550 1079 to/be/used for future annual repor	
For further information of	concerning this matter, please ca	ail:	-
Cory Name o	L LivingSton of Person	at (<u>\$50</u>) <u>3</u> Area Code Da	77-9449 aytime Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
MAIL	ING ADDRESS:	STREET/CO	URIER ADDRESS;

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLANE ENTERP	ISES LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liability)	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on July 30, 2018 and assigned	
Florida document number <u>L18000182164</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the w	mpany," the designation "L.I.C" or the abbreviation "L.I.C."	-
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)	86 Y S	_
	CRE TON	_
	16 PAR	
Enter new mailing address, if applicable:	Reserved to the second	_
(Mailing address MAY BE A POST OFFICE BOX)	?: AA	_
	3 . 1000 115	_
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the	nev
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	_
	Tity Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressing the company has been notified in writing of this change.	ormance of my duties, and I am familiar with and led for in Chapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address / R	Type of Action	
MGR Ambr	CoryLLivingston	9036 Larkerwoods Rd. Navarre FL 32566	X Add	
			□ Remove	
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			☐ Remove	
			🗖 Add	
			Remove	
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			□ Remove	
			☐ Change	

11 a1	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	1	/
	Scope of Trade Showing Include / Gray	<u>, </u>	۷ <u>0 ور</u> ۲ ر
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	-1-1/2018		
	ctive date, if other than the date of filing: 7/3/2018 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pt	irsuant te	605.0207
Note	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will iment's effective date on the Department of State's records.		
uoc (iment's effective date on the Department of State's records.		
ie r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the e	arlier o
	ne 90th day after the record is filed.		sinc. o
Date	d 8/10/2018		
	Signature of a member or authorized representative of a member		_
	Cory Livingston Typed or printed name of signee		
	(ラグ) / / パル コーピナ リー		

Page 3 of 3

Filing Fee: \$25.00