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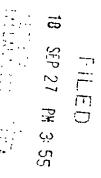
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|---|---|---|
| EPOC 708 SUBJECT: | LLC | | |
| 3000EC1 | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | LANSE WHITTINGHAM | LYONS | |
| | | Name of Person | |
| | 884 IXORA LANE | Firm/Company | |
| | PLANTATION, FL 33317 | Address | - |
| | LANSEWCOPE@AOL.CC | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please ca | all: | |
| LANSE WHITTINGHA | M LYONS | 754 214 7342 at () | |
| Name o | of Person | at () Area Code Daytime | 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) |

MAILING ADDRESS:

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

| (Name of the Lim | nited Liability Company as it now appo (A Florida Limited Liability Company | ars on our records.) |
|--|--|--|
| The Articles of Organization for this Limited Florida document number L18000196745 | Liability Company were filed on $\frac{8}{2}$ | and assigned |
| This amendment is submitted to amend the fo | Howing: | |
| A. If amending name, enter the new name | of the limited liability company | here: |
| | | . 5 |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | FP 7 |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | ن ن ن ن ن ن |
| Mailing address MAY BE A POST OFFICE | <u> </u> | |
| | - | |
| B. If amending the registered agent and registered agent and/or the new registered | e. | on our records, <u>enter the name of the</u> |
| Name of New Registered Agent: | LANSE WHITTINGHAM LYC | NS |
| New Registered Office Address: | 884 IXORA LANE | |
| | Enter F | orida street address |
| | PLANTATION | Florida ³³³¹⁷ |
| | City | Ziv Code |

New Registered Agent's Signature, if changing Registered Agent:

FPOC 708 1.1.C

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

Page 1 of 3

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------|-------------|---|----------------------|
| MGR | KARJA COPE | 884 IXORA LANE, PLANTATION, FL 33317 | Add |
| | | | |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | □ Change |
| | | | Add |
| | | | (2) □ Remove |
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| , | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MANAGER: LANSE COPE CHANGE NAME TO READ LANSE WHITTINGHAM LYONS |
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| | 9/25/2018 |
| lf an et Note: | tive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed. |
| Dated | 9/28/2018 |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00