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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Lor, L Name of Lim	ited Liability Company	
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Lori Lucente Nelson  Name of Person  Lori Lucente LLC  Firm/Company  Lori Lucente LLC  Firm/Company  Lori Lucente LLC  Firm/Company  Lori Lucente LLC  Firm/Company  City/State and Zip Code  Lori Lucente L General Comment  City/State and Zip Code  Lori Lucente L General Comment  City/State and Zip Code  Lori Lucente L General Comment  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
Please return all correspo	ndence concerning this matter	to the following:	
	Lor	Lucente-Ne	elson
		or, Lucente, a	<u> 100                                  </u>
		4 Sunset I:	ste Drive
	_ Winter	City/State and Zip Code	34787
	E-mail address: (	o be used for future annual report notifi	IMail. Com
For further information co	oncerning this matter, please co	ill:	
Lori Luca Name o	ente-Nelson Person	at ( <u>407</u> ) <u>401</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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, F1, 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

U	
(Name of the Limited Liability Company (A Florida Limited Liability Company)	were filed on 10 to box 15 and assigned
Florida document number <u>L 1800024</u> .2	035 zo18
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	dity company here:
The new name must be distinguishable and contain the words "Limited Liabit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  .	ity Company," the designation "L.L.C."  (0/34 Sunset Isla Drive  (1) Her Garden, El  3478
Enter new mailing address, if applicable:	_PO.BOX 1174
(Mailing address MAY BE A POST OFFICE BOX)	Windermere FL 34786-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	ori Lucente-Nelson
New Registered Office Address: (0/3	Enter Florida street address
$-\omega_m$	ter Garden, Florida 34787

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:

MGR = Manager

AMBR = Authorized Member

Title Address Type of Action Name AR Gregory J. Nelson DANG 6134 Sunset Is6 Dr. TRemove Winter Gorden, Fl Change AR Loci Lucente- Nelson 6/34 Synset Isle Dr. - Remove Winter Garden, Fl Change ☐ Remove ☐ Change □ Add □ Remove Change □ Add ☐ Remove \_\_\_\_ 🗆 Change □ Add □ Remove □ Change

f <b>fec</b> t an et	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
eun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	e 90th day after the record is filed.
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ated	<u>11-2-20/8</u>
	$O \cdot O = A \cdot O$
	Du Avente-Velon
	Signature of a member or authorized representative of a member
	Lori Lucente-Nelson Typed or printed name of signee
	~01 1 ~4(Er)1E - / VE/SUP)

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Filing Fee: \$25.00